



***Cambridgeshire and Peterborough  
Clinical Commissioning Group***

**Consultation on a future model for Integrated  
NHS 111 and Out of Hours services for  
Cambridgeshire and Peterborough**

**19 December 2014 to 5 pm on 6 March 2015**

**End of consultation report**

**V9 22 April 2015**

## **1. PURPOSE OF THIS REPORT**

This report is to inform Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Governing Body of the responses to the 'Consultation on a future model for Integrated NHS 111 and Out of Hours services for Cambridgeshire and Peterborough' and how concerns, questions and suggestions can be addressed

## **2. BACKGROUND TO THE CONSULTATION**

A Programme Board was established to oversee the NHS 111 and Out of Hours Procurement reporting regularly to the Governing Body. The Programme Board has ensured overall links between the Clinical Commissioning Group, the Local Commissioning Groups, local authorities, Healthwatch organisations, the Local System Resilience Groups (Urgent Care Boards) and bordering Clinical Commissioning Groups.

The NHS 111 Clinical Lead and the 111 Programme Manager co-ordinated activities with regard to the establishment of options for procurement and worked with each of the LCG Urgent Care leads in each of the systems to establish common approach. This included a review of the eight national 111 pilots, review of A&E front door with NHS Pathways in Blackpool, Corby model, Lister model and the Urgent GP Clinic in Luton, integration of the Older People and Adult Community Services (OPACS) procurement, CCG strategy and co-commissioning as starting points. Membership of the Procurement board consists of SRO (Jessica Bawden, with CCG representatives from relevant CCG functions (including, IT, HR, Finance, Contracts, Medicines management, communications, patient and public engagement, patient safety and quality) , LCG Urgent Care Leads, patient representatives and the CCG appointed NHS 111 GP lead and deputy. The Board also includes a Public Health consultant who provided background research which informed the Equalities Impact Assessment.

The contracts for both of the OOH services and the NHS 111 service were due to expire in March 2015. It was agreed that the contracts for these services were to be extended pending procurement which was outlined in the commissioning intentions on 30th September 2014.

Following the scoping stage it was the Governing Body considered an integrated model and agreed to ask go to public consultation on whether this model was supported and also to discover if there was other issues about current or future services that needed to be considered. The proposal would be to have one NHS 111 and OOH service across Cambridgeshire and Peterborough, Oundle and Wansford, though not including The services would come together, under a common service specification with common and aligned outcomes. This would help to alleviate the growing pressures experienced by all of the acute hospitals' A&E departments. This service would work to a mobilisation timeframe to be in place for winter 2015/16.

At the outset of the project there was discussion about including a front of house solution as part of the procurement, but there was a view that there was more work to do be done in this area and that LCGs were still awaiting the outcome from local pilots. The priority was seen as getting the core services up and running for winter with the option to be reserved for a later stage if appropriate.

### **Engagement for Wisbech patients**

This consultation does not cover patients from Wisbech Local Commissioning Group (LCG) practices. Patients in Wisbech and the surrounding area are included in the procurement for Norfolk which is being led by Norwich CCG. The CCG has worked with Wisbech LCG to hold

a meeting in Wisbech and distribute a briefing via the GP practices in the area, to ensure that the views of local patients were fed into the Norfolk procurement process.

The Norfolk procurement process has already begun and Healthwatch Norfolk is providing a patient representative to take part in this procurement process. This patient representative was part of the bidder evaluation event which was held on 20 February 2015. Cambridgeshire and Peterborough CCG sent a briefing note to Wisbech patients via the Patient Participation Groups and GP practice managers with an update on this procurement. A public meeting was arranged in Wisbech on 11 February 2015 to give Wisbech patients the chance to have their say on the future of services in their area. The Engagement Team collated the responses from Wisbech and prepared a short report which was sent to the Healthwatch Norfolk patient representative and Norwich CCG before the bidder evaluation day. Attached as Appendix 1. In this way the views of Wisbech patients were considered as part of the Norwich CCG procurement process.

### **Engagement for Royston patients**

East and North Hertfordshire CCGs are still internally evaluating the options available to them regarding NHS 111 and GP OOH services. They are fully committed to patient engagement as part of the scoping stages of their procurement. Cambridgeshire and Peterborough CCG's Engagement Team will continue to be in contact with the project team to ensure that Royston patients are fully involved in this process.

## **3. AWARENESS RAISING OF THE CONSULTATION**

The Programme Board started to raise awareness of the options for consultation in October 2014. Membership of the Programme Board was representative of local groups but wider engagement was needed with regard to the options being considered and the timing and length of the consultation. A briefing note outlining the options under consideration and a consultation process plan were shared with key stakeholders and patients via:

- Cambridgeshire Health Committee
- Peterborough Scrutiny Commission for Health Issues
- Healthwatch Cambridgeshire
- Healthwatch Peterborough
- CCG Patient Reference Group
- Northamptonshire Healthwatch

Feedback regarding the consultation process and timelines was positive. Both Cambridgeshire Health Committee and Peterborough Scrutiny Commission for Health Issues supported the suggestion of an eight week consultation. (Appendix 2).

The consultation document was drawn up in accordance with the following requirements and guidance:

- Cabinet Office Consultation Principles July 2012
- Section 14Z2 National Health Service Act 2006
- Lansley Criteria for Significant Service Change
- Cambridgeshire and Peterborough Clinical Commissioning Group's Constitution and Communications and Engagement Strategy

Patients and patient representative groups were involved in developing the draft consultation documents and questions for the survey. Feedback and comments were then incorporated into the final documents before they went to print.

## 4. CONSULTATION

The consultation ran from 19 December 2014 to 20 February 2015. After feedback that there had been problems with the distribution of some information over the Christmas holiday period and in consultation with Scrutiny Committees, it was agreed to extend the consultation period to 6 March. This was widely publicised.

### 4.1 Consultation documents and other consultation material

The following documents were made available in hard copy and/or on the CCG website during the consultation:

- Full consultation booklet with tear-out survey
- Summary consultation document
- Easi-read consultation document and questionnaire
- Translation of summary consultation document in:
  - Polish
  - Portuguese
  - Urdu
- Poster with public meeting dates
- Consultation Process plan
- Text only version of consultation document to use with speech software
- Accessible version of the web survey
- Survey Monkey web-based survey
- Public meeting dates poster

### 4.2 Consultation meetings

5.2.1 Public consultation meetings				
	Date	Meeting	Venue	CCG attendance
1	12 January 2015	Public consultation meeting	The Fleet, Peterborough	Dr Andrew Anderson Jessica Bawden Amie Johnson Adam Miller
2	14 January 2015	Public consultation meeting	Cambridge Library	Dr Andrew Anderson Jessica Bawden Sue Last Nigel Gausden Sarah Prentice
3	21 January 2015	Public consultation meeting	Ely Library	Dr John Jones Nigel Gausden Hazel Thomson

				Gill Burry
4	28 January 2015	Public consultation meeting	Huntingdon Library	Dr David Irwin Jessica Bawden Sue Last Nigel Gausden Hazel Thomson
5	30 January 2015	Public consultation meeting	Peterborough Library	Dr Andrew Anderson Jessica Bawden James Wilkes Jane Coulson
6	3 February 2015	Public consultation meeting	The Meadows Centre, Cambridge	Dr Geraldine Linehan Nigel Gausden Sue Last Julia Walsh
7	11 February 2015	Public consultation meeting	Wisbech Library	Dr Andrew Wordsworth Mark Evans Gill Burry Sue Last Jane Coulson
8	11 February 2015	Public consultation meeting	Town Hall, March	Dr Andrew Anderson Nigel Gausden Sue Last Jane Coulson
9	2 March 2015	Public consultation meeting	St Neots Library	Dr Andrew Anderson Nigel Gausden Jessica Bawden Jane Coulson

5.2.2 Meetings with organisations				
	Date	Meeting	Venue	CCG attendance
10	13 January 2015	Borderline Patients Forum	New Queen St Surgery, Whittlesey	Dr Gary Howsam Cath Mitchell James Wilkes Sue Last
11	13 January	Hunts Patient Congress	Pathfinder House, Huntingdon	Dr Simon Brown James Wilkes Sue Last
12	20 January	CCG Members meeting	Wood Green, Godmanchester	Dr Andrew Anderson Hazel Thomson
13	20 January	Peterborough Patients Forum	Peterborough Library	James Wilkes Jane Coulson
14	21 January	Hunts Health and Wellbeing Board	Pathfinder House, Huntingdon	Dr David Roberts Nigel Gausden Ian Weller Hazel Thomson
15	21 January	Healthwatch Peterborough meeting in public	The Fleet, Peterborough	Jane Coulson
16	22 January	CATCH patients forum	Cambridge Professional Development Centre	Dr Geraldine Linehan Nigel Gausden Sue Lakemen
17	12 February	Cambridgeshire deaf Association	March	Jane Coulson
18	3 March	Firs House and telegraph St, Practice Patient Groups	Histon	Sue Last

#### 4.3 Distribution

**Email:**

- GPs
- Stakeholder database – email contacts
- Bordering CCGs – communications contacts
- Bordering CCGs Chief Operating Officers
- CCG key stakeholders email group, including the officer contacts for the four Healthwatch organisations, Scrutiny / Health Committees, Health and Wellbeing Boards, Local Health Partnerships
- MPs
- Local Authority Chief Executive Officers and Chairs
- Local Authority Leaders, Deputy Leaders, Chairs, Vice Chairs
- Prospective Parliamentary Candidates
- Provider Chairs and Chief Executives
- Provider communications contacts

**Hard copies:**

- Healthwatch Cambridgeshire
- Healthwatch Peterborough
- \*Health Scrutiny Councillors – Peterborough
- \*Health Committee Councillors – Cambridgeshire
- \*Health Scrutiny Councillors – Hertfordshire
- \*Health Scrutiny Councillors – Northamptonshire
- GP practices
- \*Stakeholder database – postal contacts
- Providers (Addenbrookes, Peterborough City, Hinchingbrooke, Papworth, Princess of Wales, Doddington, North Cambs Hospital)
- Libraries
- Pharmacies
- Opticians
- Dentists

\*Councillors and stakeholders without an email address received one copy each

**4.4 Media Coverage**

The consultation featured on the BBC Inside Out Programme on Monday 1 February. Filming took place at the 111 call centre and OOH services at the City Care Centre, Peterborough, alongside a number of interviews with the CCG's NHS 111 Clinical Lead, Dr Andrew Anderson.

Dr Andrew Anderson updated on the future plans for the service and encouraged members of the public to give their views through the public consultation.

In the lead up to the programme Dr Andrew Anderson was also interviewed by BBC Radio Cambridgeshire for the Monday morning breakfast show. Dr Anderson highlighted key messages around the service and its future.

Articles on the consultation have appeared in the Fenland Citizen and Hunts Post newspapers.

Advertisements were placed in the following publications to advertise the public meeting dates:

- Hunts Post
- Wisbech Standard
- Cambs Times
- Ely Standard
- Cambridge News & Crier
- Ely News
- Peterborough Telegraph
- Fenland Citizen

#### 4.5 CCG website and social media channels

A page dedicated to the consultation was created on the 'Have Your Say' section of the CCG's website which could also be accessed from a link on the homepage.

Documents relating to the consultation were made available on this page in pdf format as follows:

- a summary of the consultation
- the full consultation document
- Community language translations of the summary
- Easi-read version of the consultation document and feedback
- Accessible version of the feedback survey

A link to the consultation page on the website was publicised via the CCG's Facebook page and Twitter feed. Details about the public consultation meetings were also advertised via our social media channels.

Data shows that the page was visited 4584 times during the consultation and the documents downloaded as shown in the table below:

Document	December '15	January '15	February '15	March '15	Total
111OOH consultation document – amended 22.12.14 web version.pdf	159	299	39	10	507
111OOH consultation document.pdf	146	12	13	3	174
NHS111 OOH consultation document – web.pdf		83	105	53	241
111OOH accessible questionnaire.docx			35	30	65

Consultation summary – NHS111 and GP Out of Hours – Polish Translation.pdf			32	11	43
Consultation summary – NHS111 and GP Out of Hours – Urdu Translation.pdf			21	6	27
Easi-read tell us what you think about 111 and GP Out of Hours services.pdf			21	15	36
Consultation summary – NHS111 and GP Out of Hours – Portuguese Translation.pdf			17	6	23

#### 4.6 Other Publications

Our local Healthwatch organisations have been very supportive and proactive in promoting this consultation through their websites and networks, including twitter. Healthwatch Peterborough promoted the consultation and public meetings in their Enews bulletins throughout the consultation.

Wisbech Shape Your Place

#### 4.7 Response details

<b>Attendees at public meetings</b>	
Number of people attending	<b>124</b>
<b>Enquiries received</b>	
Email	30
Phone	73
<b>Total</b>	<b>103</b>
<b>Consultation responses received</b>	
Formal responses (groups, statutory bodies, unions, campaign groups)	16
Completed online surveys	720
<b>Total</b>	<b>736</b>
<b>Overall total</b>	<b>1063</b>



## 4.8 Responses from organisations

We received a number of responses from organisations, groups and individuals. They are all included as Appendix 3. The questions and comments raised are included in Section 4.9 below.

We received responses from the following groups and organisations:

- Cambridgeshire County Council – Adult Social Care
- Cambridgeshire Health Committee
- Cambridgeshire Older People's Enterprise
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridge University Hospitals NHS Foundation Trust
- Grantchester Parish Council (responded via the online survey)
- Healthwatch Cambridgeshire
- Healthwatch Peterborough
- Isle of Ely Patients' Forum
- Keep Our NHS Public campaign group
- Local Pharmaceutical Committee
- Peterborough City Council Adult Social Care
- Peterborough Scrutiny Commission for Health Issues
- Rethink
- Sawston Parish Council
- Unite Union

## 4.9 Themes emerging from the consultation responses

We received 720 completed online surveys. The analysis of these results is included as a separate report generated by the online survey software used to collate the data. This report is included as Appendix 4.

The comments received on the online surveys as well as emails, telephone calls and questions and comments heard at the range of public meetings and other meetings attended have been analysed and collated into themes as outlined below.

### • Access to the service

Using a telephone service can be problematic for people who have a hearing impairment, have a learning disability or have limited English language skills. There is a need to consider technology to solve some of these access issues. Use of text messaging, Facetime or Skype calling was suggested. Cambridgeshire Deaf Association was especially keen for new technologies to be developed. Access to the NHS 111 service can also be a problem for people who have learning disabilities or mental health issues as the algorithm questions can seem very intimidating. Access to the NHS 111 service can be an issue for carers. The service needs the consent of the patient to discuss the health issue with a carer. At times a carer may be calling due to a mental health crisis, due to an elderly patient being confused or disorientated and they may not be able or willing to give that consent

### Response

A possible solution to these access issues would be better use of channels to access the service and utilising more technologies, especially for the hearing impaired. Issues of access for people with particular communication needs will be shared with the National 111 team. The suggested technologies will be passed to this team to explore further and indeed guidance is forthcoming on this. . It should be noted that a translation service is already part of the service specification

These issues have been fed up nationally and on 13 March the Department of Health national 111 team announced that a pilot where British Sign Language users can access NHS111 will start in late April 2015. This is being introduced as a 12 month pilot though new telephony technology. Full operational details of how the pilot will work will be available and circulated when the service fully launches in May/June 2015. We will follow the outcome of this pilot with interest and if there are good outcomes we will work to add this into the specification.

- **Special Patient Notes (SPN)/Shared medical records**

People with long-term conditions or complicated medical conditions can be reluctant to use these services. AS mentioned above the service can also seem intimidating for people who have learning disabilities. People are wary of seeing on-call GPs who may not understand their condition or have access to their medical records. People want medical records to be shared across all services. People with complicated medical conditions do not want to have to explain their medical history to get the help they need. This was also an important point for patients at the end of their lives and their carers.

**Response**

In addition to the access responses, and as a result of consultation feedback we have recommended increased use of the GP generated Special Patient Notes (SPNs.) Patients who have particular communication needs can be transferred to a clinician much earlier in the call process. These need to be consistently used and in a position that is very obvious for the call handler to see when performing the demographic check. This has been highlighted and made a condition within the service specification. A Special Patient Note is added to the patient's records, with their consent, then each time they make a call to 111 the call handler can see this information clearly and is able to transfer them to a clinician much earlier in the call process. Consent to have a SPN added to the patient notes only needs to be given once, it then stays on the patient's records for as long as necessary. SPNs can be removed at the request of the patient should that be necessary.

No medical records can be shared without the consent of the patient, however, most GP practices across the CCG use a patient record system called SystmOne. This system can also be used by the current NHS 111 service and both OOH services. It can also be viewable by the Ambulance service and each local hospital. The CCG preferred option is to retain this system, as the system of choice and all proposals from potential providers must be able to share or give access to records based on patient consent on SystmOne all patient records can be shared with other services using this system, with the patients consent. The patient must give consent to their own GP practice in order for any health records to be shared. There are national programmes to align all of the different IT systems across the NHS. This is a complicated programme of work. For a number of patients, the patients registered GP will create a special note for them, linked to their NHS number, which can be accessed by NHS 111 and OOH service. We will make it compulsory for any patient with a SPN to speak to a clinical advisor early on the call. As a CCG we are also encouraging practices to add SPNs for their patients who need them.

- **Awareness of 111 service**

Many people who attended the meetings and who gave feedback had heard of the NHS 111 service and many had used the service. However it is perceived that awareness of the NHS 111 service, and when to use it, is still low in the wider population. Many people gave feedback via the online surveys that the NHS 111 service needs to be marketed better to the wider population.

**Response**

Local Choose Well campaigns include the NHS 111 service as our key message for urgent advice, we use this campaign to raise awareness of a range of services that are available to people. We will consider the need for a particular campaign to raise awareness of the NHS 111 service.

We will give this feedback to the national NHS 111 campaign as it has been suggested that a nation-wide campaign or television campaign would be more effective in raising awareness of this service.

The service receives 18,000 calls a month and a rough estimate is that about a quarter of the population has used the service (if you assume they use the service only once). The service has only been running for just over a year and inevitably awareness will take time, but we will look at ways to increase this particularly over peak periods.

- **111 assessment questions via the 'NHS Pathways algorithm**

People have informed us that they feel these questions take too long and there are too many of them. It also feels too scripted. People would prefer a more human interactive approach. People want to talk and be listened to rather than run through a script. The online survey feedback on the 111 service had many comments on the questions that are asked, people felt they were inappropriate in some cases and were not responsive enough to their answers. People felt that the call handlers needed more medical training so they could make judgements rather than sticking to the script. It made people think the service was impersonal. People told us that they had little confidence in the service as the questions made them feel that the person answering the call had no medical training and therefore they had little confidence in the advice they were given.

**Response**

The algorithms are prescribed nationally and NHS England is responsible for licensing the Clinical Decision software to be used in NHS 111. Feedback from this consultation has been passed to the national team who work on these. It is important that people have confidence in the service and that the algorithms are working correctly to find people the right services and treatment that they need. From the Clinical Governance board and Call reviews, feedback is regularly given to the national team in regard to the pathways questions. An update to pathways is normally released every six(6) months.

We have also talked to current provider about ensuring that call handlers explain the process and act professionally and sympathetically when taking patients through the process.

- **Workforce capacity**

Questions have been asked by organisations and at public meetings about the capacity to continue to run a more clinically enhanced services. People have asked if there will be enough GPs, nurse practitioners, and other clinically trained staff to run the 111 and GP OOH service. People have also questioned workforce capacity in their local GP practices, people often find it difficult to get GP appointments and see the system as being at capacity. This raises the question of how the system will cope when existing GPs retire and there are fewer GPs being trained to take their place.

**Response**

At the public meetings different ways of working were described including the increased use of technology and intelligent telephony systems and a common IT platform. In addition clinical workforce (nurse practitioners) are considered highly skilled Clinicians and trained professionals who could and often do treat many people who want to see a GP. This would free GP time to focus on the elderly or more complex needs of their patients. In addition the service is wishing to utilise a Pharmacist in the service at weekends for issuing repeat prescriptions and for medication questions. GP workforce is available across Cambridgeshire and Peterborough with over 800 GPs being available of which only a small percentage currently undertake Out of Hours shifts. Work is also underway with Health Education England to include OOH/111 as part of training and to make working in this environment attractive to GPs and clinical staff either as a whole or part of their working week. Complex cases may be handled by different levels of call handlers. We need to look at career progression within the 111/ OOH service.

- **Length of wait for GP call backs**

People have told us that they sometimes have to wait a long time for the GP to call them back. They can be told the call back will be in an hour, but then they have to wait much longer. This makes people feel anxious. If the call back is delayed a courtesy call to tell the patient how long they can expect to wait would be appreciated.

**Response**

Currently the waiting times that are given for a GP from one of the OOH services to call back are set at a number of intervals between one hour to 24 hours, depending on the urgency of the illness. The CCG was already aware that this can be a big problem for people who are unwell and anxious and can contribute to people deciding to go to A&E instead of waiting for the call back from the OOH GP.

Following this feedback, the draft service specification for the new service states that each patient who requires a call back by a GP will receive that call with 60 minutes and a total patient journey time has been introduced.

In addition to this, where the patient disposition is that of a green Ambulance (a less urgent ambulance) or sign-posted to ED, the patient call will be transferred to a GP or Senior Clinician before ambulance dispatch and should they require a home or base visits, this is booked when they are speaking to the GP or Senior Clinician. Currently the patient can wait some time before they speak to a GP and then wait again for a time for a visit. We believe that this is a more efficient way of running the service and gives a more streamlined patient journey.

- **Timings of the Out of Hours service**

The current OOH service finishes at 8:00am. A lot of people have told us that their GP practice will only take answerphone messages between 8:00am and 8:30am for call back, and that they do not answer the phone until 8.30am. This is perceived as a gap in provision. Certain GP practices are not open for people to make appointments at 8 am or even for an answerphone service

**Response**

All GP practices in Cambridgeshire and Peterborough Clinical Commissioning Group, under the national GP contract commissioned by NHS England area are contracted to be accessible to patients from 8:00am to 6:30 pm Monday to Friday, with a number offering extended services. Where the GP contract holder is not operating according to their contract the issue will be reported to the NHS England Area team who commission primary care for this area. The GP out of hours element of the service that we are commissioning will run from 6.30pm to 8am.

- **Links between NHS 111/GP OOH services and registered GP practice**

In the online feedback surveys many people raised the issues of links to their own GP practice. They wanted to know if the NHS 111 service or the OOH service reported back to their own GP practices when they had received advice and treatment. Would their medical records at the GP practice be updated to reflect any treatment or prescriptions received? Frequent calls to the NHS 111 service may be an indicator of mental health issues such as dementia, or depression due to loneliness. People felt it was important that their own GP would look at these trends to be able to help their patients.

**Response**

As a national standard under the NHS 111 inter-operability toolkit and commissioning standards, each contract with NHS 111 and/or an OOH service is reported to the patients registered GP, by 8.00am the following working day and most are reported immediately following a call to NHS 111 or treatment/visit by the OOH service. We need to ensure that call handlers are informing patients of this reassurance.

- **GP practice opening hours**

People feel that if GP practices were open later into the evenings and at weekends the need for Out of Hours services would be reduced. People would prefer to see their own GP rather than an on-call GP that they may not know. People would prefer clusters of GP practices to provide Out of Hours services rather than a countywide service. Many people commented that in rural areas travel to the current OOPH bases can be difficult and provision within their own local practices would be preferred.

**Response**

The current provision of GP opening hours is detailed in their contract with their Commissioner, NHS England. The CCG is involved in a number of projects where we hope to see extended hours and it is important that there is flexibility in the contract so that we do not end up paying twice for GP access during these hours.

On 27 March 2015 it was announced that Borderline and Peterborough Local Commissioning Groups had been successful in bidding for the Prime Ministers Challenge fund. Practices have agreed to work together to form 'hubs', offering extended practice opening hours. Innovative new technology will also be used to ensure patients can access the primary care team seven days a week. This is an opportunity to reconfigure primary care for the population of Borderline and Peterborough LCG's to both ensure consistency of provision of services across the patch, and to make it sustainable and more resilient in the face of current workforce, workload and increased need challenges'

- **Walk-in facilities for GP Out of Hours**

Some people would like the Out of Hours service to run as a walk-in service. People want to be able to access a GP themselves rather than go through the 111 service. Some people would like this to be offered by their own GP practice, others suggest that this service should be co-located with walk-in centre, minor injury and illness units / minor injury units and Accident and Emergency Departments at local hospitals.

**Response**

The CCG has a walk in Minor Injury and Illness Unit at the City Care Centre in Peterborough and a Walk-In Centre in St Neots. We also have nurse-led walk in services in Wisbech, Doddington and Ely. There is also a limited access walk-in service in St Neots.

OOH services are not walk in services by nature and the CCG wishes to encourage patients to call NHS 111 first before attending a walk in service, as this may not be the most appropriate place and may involve a longer wait for the patient. Co-location options alongside A&E are being discussed locally.

- **111 links to GP practice booking systems**

Often when people are told by the NHS 111 service that they need to see their own GP the next day, they find it difficult to make an appointment. They can spend a lot of time trying to get through to their practice and often there are only a few or limited appointments available to book on the day. If the NHS 111 service could book appointments for patients this would be seen as a big improvement. Although people did question how this would be possible as there are so few appointments available and GP services were so over stretched.

**Response**

There exists the technical ability to allow this to happen and in many cases this would be via the GP call back list the following day. This is being discussed with the CCG primary care group, and is a decision that can only be agreed with each GP practice and their commissioner NHS England. We are hopeful that this can be progressed, perhaps as urgent appointments lists each morning.

- **Location of GP Out of Hours bases**

As described previously, people want this service delivered locally either by clusters of GP practices or in local hospitals. People do not want to travel far in the night, or when they feel very ill and anxious, to see a GP. Sawston Parish Council identified that people from this area find it difficult to travel to Chesterton in Cambridge and feel that a cluster of the local GP practices would work well as an Out of Hours Service base in this area. People from rural areas discussed the lack of public transport available, not only, but especially in the evenings and weekends. Often people need to use a taxi and this can be costly and inconvenient. People attending the public meeting in St Neots said that they thought they should have an OOH base there.

**Response**

The survey monkey response report does indicate that the OOH bases appear to be located in the most appropriate places. The CCG within the draft service specification is mandating what services as a minimum should be offered by the OOH Clinicians at each base, especially in minor injuries to treat people closer to home and avoid unnecessary travel. People in St Neots have a limited walk in service already and have A&E and an OOH base in Huntingdon, approximately 10 miles away. Patients in other areas have significantly further to travel. GPs will always do home visits for those who are ill and cannot travel.

- **Links to other services and reviewing all of urgent care together**

People have told us that they would prefer NHS 111 and Out of Hours services to be linked up with other urgent care services. A single triage system would help patients to find the right service in an emergency or urgent situation. They want to go to one location or make one call to be triaged then told what service they need.

This was a common theme and some people wondered if we would be better launching a version of the proposed 'phase 2' approach discussed in the consultation document rather than launching an integrated NHS 111 / OOH in isolation.

Peterborough City Council Adult Social Care, Cambridgeshire County Council Adult Social Care, Cambridge University Hospitals NHS Foundation Trust and Cambridgeshire and Peterborough NHS Foundation Trust all gave feedback that it is important that we consider a single 'front door' access to health and social care and that this links with the UnitingCare Joint Emergency Team work that is currently in the mobilisation stage.

**Response**

Our priorities for 2015/16 have been agreed and they including addressing the avoidable causes of hospital admission, and so reducing urgent care demand. To do this we want to develop effective clinical triage at access points for urgent care to ensure patients are directed to the right service – building on learning from 111 and GP in A&E pilots. We want to support our A&E departments to treat those people who need emergency treatment.

The CCG's Governing Body approved the procurement to start with a Pre-Qualification Tender (PQQ) which was released on 20 January 2015, following a bidder market event on 14 January, attended by ten organisations. The PQQ closes on 2 March 2015.

Based on feedback from a bidder event and endorsed by the Governing Body, the proposed mobilisation period was increased from four months to a maximum of six months. This would mean that a service would be ready to launch in February 2016. The managerial effect of this is that the CCG will have to create a provision of extending the current contracts which may result in some additional costs. These cannot be fully assessed at this stage, but we are in discussions with current providers around this. We are all also working towards ensuring continuity of service for patients. It may mean that we delay a start date until after the winter period 2016.

During this process, the urgent care system in Cambridgeshire and Peterborough has become more pressured and a number of local initiatives are being considered to help address this. We are also awaiting the outcome of a number of national bids that hope to address urgent care pressures, including the Prime Minister's Challenge Fund. The OOH & 111 services are integral to the urgent care system we provide and we need to consider our

whole approach to urgent care as we develop the specification. In addition, we are midway through a well-attended and supported public consultation process which is raising some interesting and important issues that need to be considered fully.

This action may mean a pause to the issuing of the Invitation to Tender (ITT) until mid May 2015, a delay of approximately two months.

- **111 presence in accident and emergency departments**

Many of the responses from organisations supported an integrated NHS 111 and Out of Hours Service but felt that this did not go far enough. Many felt that this service needed to be linked to the acute accident and emergency departments as well as minor injury and illness centres. The online survey asked people for comments on travelling between these services. Many of the response were about the inconvenience of multiple journeys if you are unwell or injured. People felt co-location would be much better for all patients. People in rural areas discussed the lack of public transport and therefore the costs of taxis to several different locations being prohibitive as well as inconvenient when you are unwell. Many people thought that having a 111 triage in A&E would help to alleviate pressures on these services and would help to get people to the right place for treatment.

**Response**

The CCG and each LCG is evaluating pilots reviewing a common triage principle, although the specific way this operates is likely to differ at each walk in facility across the CCG territory. This is being discussed with acute and walk in providers and other organisations delivering to the CCG to ensure common outcomes and congruence

- **Keep Our NHS Public**

Some people have told us they want NHS services to be run by public organisations rather than private companies.

**Response**

Cambridgeshire and Peterborough Clinical Commissioning Group will be running a fair and transparent procurement process, in line with current procurement law and NHS guidance. The NHS 111 commissioning standards issued by NHS England state that NHS 111 services must be procured through open market competition. All bidders will be evaluated by a panel of evaluators, whose scores are then moderated, against set evaluation criteria published within the ITT guidance. Patient representatives are part of the evaluation team, devising questions and evaluation criteria as well as evaluating bidders' submissions and scenario stages of the procurement.

- **Consultation process**

We received feedback, early in the consultation, to request meetings in Fenland and St Neots. Several organisations gave feedback that the original length of the consultation was not long enough. We received feedback that the consultation document and survey were easy to read and understand. Some people felt the consultation document did not go into enough detail and did not give enough information on what the future model of service would look like. As above we also received feedback that consultation information had not been received over the Christmas period at all locations.

**Response**

Cambridgeshire health Committee and Peterborough Scrutiny Commission for health both accepted a proposal for an eight week consultation for this programme as the service to patients was not significantly changing. . Cambridgeshire and Peterborough Clinical Commissioning group decided to extend that to nine weeks because of the Christmas and New Year bank holidays. Due to problems with distribution of the documents over the bank holidays the consultation was then extended to twelve weeks to allow enough time fore people to give their feedback.

Public meetings were arranged and publicised in March and St Neots. Other meetings were attended as requests for speakers were received.

- **111 call handlers**

We were asked many questions about the training for NHS 111 call handlers. People were interested to know if the call handlers were clinically trained. People felt that the call handlers could be much more responsive, rather than sticking to the script, if they were medically trained. People asked why retired nurse and GPs were not employed to answer NHS 111 calls.

People felt it was important that the call handlers were aware of a range of issues including domestic abuse, safeguarding children and vulnerable adults. People felt that people may use a telephone service instead of a face to face service to avoid abuse being reported and that the call handlers should be alert for these issues.

**Responses**

NHS 111 call handlers go through a rigorous and detailed training programme and have to pass exams to be licenced to operate NHS 111 clinical system software . Medical qualifications are not a requirement of the role of call handler. There are already clinicians such as nurses and paramedics who work in the call centre taking calls when required. In some cases the call handler will refer calls straight to these clinicians. The draft service specification has mandated that the ratio of at least one clinician to every four call handlers is present in the service at all times.

In addition to this, every month each call handler and each clinician in the NHS 111 service is audited (a minimum of three calls) to ensure standards are being maintained. If they fail the audit they are withdrawn from the service pending retraining and not permitted to answer calls until they have passed further training and/or audit.

- **Links to pharmacy services**

People supported the idea of the GP Out of Hours service being linked to the pharmacy services via electronic prescribing. The idea of a GP being able to give a diagnosis over the telephone and send the relevant prescription to the nearest open pharmacy was seen as a big improvement, especially in those areas such as St Neots, March and Wisbech where people have to travel some distance to the nearest GP Out of Hours base.

The Local Pharmaceutical Committee gave feedback on even more enhanced links with pharmacy services, such as a Minor Ailments Scheme that would allow pharmacists to supply prescription-only drugs without the need for a prescription for a specific range of minor ailments. This would also enable 111 call handlers to refer people to pharmacies for this range of minor ailments.

**Response**

This has been included in the draft service specification for the Integrated NHS 111 and OOH service

- **General Election**

At the public meetings we were asked what effect the general election could have on this programme. If there was a change of government then would we continue with this procurement. People felt we should halt the project until after the election to see what effect the results would have.

**Response**

The NHS is a non-political organisation and any changes to policy following the general election will be an issue for Parliament to debate. Any decision on the procurement will also be taken after the election period.

- **Timescales**

We were often asked about the timescales for the procurement and mobilisation of this service.

**Response**



Timescales are outlined in the section below

## 5 NEXT STEPS

Procurement Milestones	Start	End
Outcome of PQQ	13/03/2015	
Draft Specification Feedback	16 March	27 April
Invitation to Tender	Late May	July
Preferred Bidder Selection	September	
Standstill	Mid September	
Contract Award	Late September	
Mobilisation	October 2015	March 2016
Service Start	April 2016	

This work will align with the System Transformation Programme (STP) and will become part of the Urgent Care Workstream. For information on the System Transformation Programme follow the link below:

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm>

## 6. APPENDICES

Appendix 1. Report for Healthwatch Norfolk on Wisbech engagement on proposals for NHS 111 and OOH

Appendix 2 a Cambridgeshire Health Committee minutes of 20 November 2014. Extract from the minutes.

b Peterborough Health Scrutiny Commission letter re consultation

Appendix 3 111 OOH Consultation Responses Survey Monkey report

Appendix 4 Organisation responses to 111 GP OOH consultation