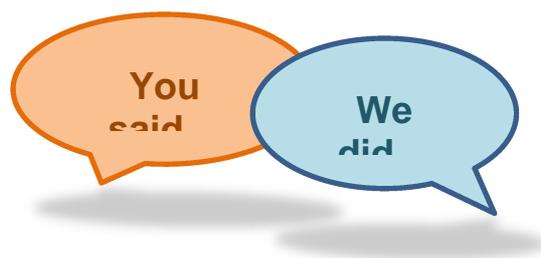


Thames Valley Integrated NHS 111/Urgent Care Service



A number of key themes emerged from the views submitted during a period of patient and public engagement on the existing NHS 111 service during the summer of 2015. In addition, feedback from users of the service was also reviewed and fed into improvements and development of the service.

This 'You Said, We Did' document summarises those key themes that patients, the public, voluntary organisations and other key stakeholders across the Thames Valley have told us about NHS 111 and urgent care services. It also shows how we are now using this feedback to influence the specification for the procurement of an Integrated NHS 111/Urgent Care Service for Thames Valley.

You Said

(Themes that have emerged from surveys, discussion groups, 1:1 interviews and user feedback)

We Did

(How the themes have been acted on within the Specification for a Thames Valley Integrated NHS 111/Urgent Care Service)

<ul style="list-style-type: none"> We like that 111 is free and easy to access, and generally support the concept The concept is wonderful. But, it needs to be improved 	<p>The contract for the existing NHS 111 service is coming to an end and following the national strategy and vision for improving Urgent and Emergency Care Services, a specification for a new improved Thames Valley Integrated NHS 111/Urgent Care Service has been developed.</p>
<ul style="list-style-type: none"> We're concerned about 111 changing too quickly and whether there will be any gaps in service 	<p>NHS 111 will remain a telephone service that is always accessible, 24 hours a day, every day of the year.</p> <p>As part of the procurement process: "Providers will be assessed on their ability to evidence collaboration with partners including Out-of-hours and Primary care to provide a fully integrated urgent care system..."</p> <p>The chosen provider will be expected to work alongside the existing provider to ensure seamless transition of service. This includes Transfer of Undertakings Protection of Employment (TUPE) of staff if appropriate.</p>
<ul style="list-style-type: none"> More promotion and education about 111 is needed 	<p>Marketing and communication of the service states that: "The service provider will be required to</p>

<ul style="list-style-type: none"> • Is the number 111 still advertised? • Most people don't know about this service 	<p>demonstrate how it actively advertises to help people understand availability and what the service can offer and takes special effort to make contact with those groups who are often hard to reach.”</p> <p>And: “The challenge to all providers of urgent care in such a mixed environment is to help people understand their particular role and when best to use it (NHS 111).”</p>
<ul style="list-style-type: none"> • Accessing 111 using the phone is appropriate • It's reassuring to have a number to call 	<p>A core characteristic of the service includes the ability to: “Accept calls from the public via any agreed channels, including telephone.”</p> <p>And: “Callers must be able to call NHS 111 free of charge from any landline, mobile, internet phone or phone box 24 hours per day.”</p>
<ul style="list-style-type: none"> • Some patients would use the internet/go online/use a smartphone to access 111 • We recognise the value in this (online access), but do not want the phone service removed • We think online access to symptom information is a good idea 	<p>A core characteristic of the service includes to: “Be integrated with digital services, such as online health and symptom checkers hosted on www.nhs.uk and where appropriate refer people to call NHS 111. The Provider must have mechanisms in place to identify where a digital service has been the start of the patient journey and have local scripts that explain the need to repeat questions”.</p> <p>And: “The provider must promote development and innovation for direct web access and will be required to use the national NHS 111 digital service currently being developed as it is brought online.”</p> <p>And: “The provider will have the ability to use smart technology to communicate with callers such as SMS text messaging to provide information such as the details of local pharmacists or times and venues of appointments booked on their behalf.”</p>
<ul style="list-style-type: none"> • We don't know what types of out-of-hours services exist (when the GP surgery is shut). There needs to be more promotion of this. 	<p>Central to the vision for the Thames Valley service is: “...to enable the NHS to help people with urgent care needs to get the right advice in the right place, first time.”</p> <p>And to: “Phone a single number – NHS 111 – for all your urgent health needs.”</p>

	<p>To achieve:</p> <p>“A strengthened clinical triage and advice service that links the urgent care system together and helps patients to navigate it successfully”</p>
<ul style="list-style-type: none"> • The service (111) is only as good as the directory (Directory of Services) 	<p>A core characteristic of the service includes: “A Directory of Services (DoS) will hold accurate information across all acute, primary care and community services and social care – the advantages of being able to contact third sector support through NHS 111 should be explored and would offer significant benefit – specifically in relation to home support/careers etc.”</p> <p>Local Commissioners will be responsible for: “Maintenance of an up-to-date Directory of local Services (DoS) and referral protocols with other service providers, including population of the DoS.”</p>
<ul style="list-style-type: none"> • We want better trained call handlers with more empathy as a priority and the ability to have a more flexible approach to the questions • With the call handlers the most essential skill they need is interpersonal skills 	<p>The workforce requirements for the service include: “A skilled workforce competent in caring for patients with all types of urgent health needs is expected...”</p> <p>And: “Staff also need to be skilled in dealing with users who may find the stresses of needing urgent care creates greater anxiety or confusion...”</p> <p>And: “All staff must be able to communicate clearly and effectively with the local population at all times.”</p>
<ul style="list-style-type: none"> • We want appropriately qualified health care professionals to triage patients to reduce inappropriate referral to 999 and A&E. • 111 can overreact and this can put extra pressure on the ambulance service 	<p>This will be achieved through a Clinical Advice Hub: “The Clinical Hub should serve two purposes: to provide clinical advice to patients contacting the 111 or 999 services, as well as providing clinical support to clinicians (particularly ambulance staff such as paramedics and emergency technicians) to ensure that no decision is made in isolation.”</p> <p>“The Clinical Advice Hub will include one or more of each of the following professionals:</p> <ul style="list-style-type: none"> • Specialist or advanced paramedics with primary care and telephone triage competences. • Nurses with primary, community, paediatric and/or urgent care experience. • Mental health professionals.

	<ul style="list-style-type: none"> • Prescribing pharmacists. • Dental professionals. • Senior doctor with appropriate primary care competences.”
<ul style="list-style-type: none"> • We support additional clinical speciality roles within the call centre – particularly mental health specialists • Why not have a separate number for mental health issues? 	<p>Central to the delivery of the Thames Valley vision is: “...an integrated Urgent Care Service offering patients who require it immediate access to a wide range of clinicians, both experienced generalist and specialists.”</p> <p>And a core characteristic of the service is for: “NHS 111 to seamlessly link to local community services, booking patients directly into a comprehensive range of community and mental health services. The ability to ‘warm transfer¹’ patients who need urgent community services support to a ‘fast response’ multi-professional community team.”</p> <p>A key component of the service is to: “Make sure that specific health needs such as palliative care, mental health and long term conditions are properly catered for.”</p>
<ul style="list-style-type: none"> • We support the ability to provide onward access to GPs and A&E from a call to 111. But, we don’t want to call 111 for a routine GP appointment. 	<p>A core characteristic of the service will include: “Patients who are assessed as needing to see a GP may be appropriately directly booked into the patient’s own surgery during the in-hours period, or, increasingly as networks and federations of GP Practices develop, there will be an ability to offer an appointment within the GP network.”</p>
<ul style="list-style-type: none"> • We think it would be acceptable to wait up to an hour for a <i>non-urgent</i> 111 call-back response 	<p>A key component of the service is: “Any clinical call back will be prioritised within 10 minutes for urgent cases and within 60 minutes for all others.”</p>
<ul style="list-style-type: none"> • We support 111 having access to ‘Special Patient Notes’ and our medication information and would want Out of Hours services to be able to see their patient record if needed to. But, we do not want NHS 111 to have access to police/other records 	<p>A core characteristic of the service will include: “Special Patient Notes including End-of-Life Care Plans, will be available when required in the patient pathway. Patient records including the Summary Care Record will be available to all clinicians delivering integrated patient care during the life of the contract.”</p>

¹ A warm transfer allows the call centre operator to speak with the person they intend on transferring the call to prior to handing off the call. This allows them to provide a summary of who the caller is and what they are calling about.

<ul style="list-style-type: none"> • We support a more joined up and integrated NHS 111 service, with improved use of IT, that improves access and links to other services such as social care, mental health and night nursing. 	<p>A critical success factor of the procurement is to deliver: “An integrated urgent care service with a robust and demonstrable clinical integration and governance process between the various providers...”</p> <p>And to secure: “ A service model which enables better integration between the NHS 111, Primary, Community and Secondary Care Services, and the 999 service so that patients receive the most appropriate response at the right time and the right place, are educated in self-help, there are fewer non-elective admissions and fewer 999 calls.”</p> <p>And a key outcome of the service is: “Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.”</p>
<ul style="list-style-type: none"> • It would be good not to have to repeat yourself (to different people/services) to save a lot of time 	<p>Central to the delivery of the Thames Valley vision is: “...the availability of clinical records through IT system interoperability which will support robust clinical decision making and the direct booking of appointments into other services.”</p> <p>A key component of the service is to: “Have knowledge of when they have previously contacted NHS 111 so they do not need to repeat their story.”</p>
<ul style="list-style-type: none"> • When 111 was designed originally were GPs involved? And will they continue to be involved? 	<p>GPs were involved in the design, planning and implementation of the original NHS 111 service.</p> <p>The new Specification for a Thames Valley Integrated NHS 111/Urgent Care Service continues to involve GPs from every CCG across the Thames Valley region. In addition a wide range of clinicians representing differing sectors of urgent and emergency care have been involved in the design and development of the Integrated Urgent Care System model and the specification which relates to the procurement process. This includes GPs and Emergency Care Consultants.</p>
<ul style="list-style-type: none"> • What about those with sight difficulties. The NHS needs to think of others and how they access it. 	<p>The specification states that: “All health services must be equally accessible to all which includes making reasonable adjustments where appropriate.”</p>

	<p>And: “The NHS 111 service must be able to deliver a good quality service and adapt its model to include patients with hearing impairments.”</p> <p>And: “Reasonable adjustments should be made to ensure that all public information is easy to read and accessible to people.”</p> <p>And: “The service provider must ensure they train staff in recognising and supporting users with additional needs to ensure equitable access to the service. E.g. dementia, learning difficulties.”</p> <p>And: “NHS 111 advisors need to have a translation service available 24/7/365 to translate calls made in other languages. Advisors need to know how to organise a translator without delay.”</p>
<ul style="list-style-type: none"> • There needs to be flexibility to move away from the script • The questions asked are irrelevant to mental health and can cause a person to put the phone down. 	<p>The specification states that:</p> <p>“The service provider must ensure they train staff in recognising and supporting users with additional needs to ensure equitable access to the service. E.g. dementia, learning difficulties.”</p>
<ul style="list-style-type: none"> • Concern that the call handler does not know the patient’s local area and services 	<p>The specification states that:</p> <p>“The provider will understand the benefit of having a workforce which is not only suitably skilled and experience but understands the local nature of the urgent care system and providers.”</p>

