

North Central London 111 Integrated Urgent Care Service

Re-procurement
Programme –
response to
feedback
received



Introduction

In 2022, North Central London Integrated Care Board (NCL ICB) commenced a programme of work to re-procure a local NHS 111 and Integrated Urgent Care (NCL NHS 111 IUC) service aligned to the National Framework set out by NHS England and that is fit for purpose for the residents of our five boroughs (Barnet, Camden, Enfield, Haringey and Islington).

We want to improve patients' experience of using and accessing urgent care services, making sure they receive the best care, from the best person, in the right place, at the right time.

To learn from experience and make NHS 111 work better for patients, we undertook an engagement exercise to seek views from patients, residents and groups identified in the Equality Impact Assessment. This was done via an online survey (hard copies were available on request), attendance at patient and community groups across the five boroughs and a series of smaller focus groups targeted at specific groups, including, mental health service users, people with learning disabilities, people whose first language is not English and the deaf community.

The feedback presented here is an amalgamation of what we heard via all the engagement methods mentioned above.

Positive feedback about the 111 service

111 is a valued service and most of the time, the service appropriately connects people to the right setting for further treatment. People appreciate the ability to get booked appointments and arrival times at urgent care settings and A&E and find talking to someone helpful.

Some people who used the online service found it more difficult to get the help they needed but many were happy with the advice that they received.

Our response:



We are pleased to hear that people find this service helpful.

NCL ICB will work closely with the new contract provider to ensure the number of booked appointments and arrival slots to A&E, urgent care services, and in particular GP services, are increased. This is in line with NHS England's ambition to have 70% of 111 referrals to A&E and urgent treatment centres as booked. GP practices have access to a national system to review and manage their direct booking.

Lack of mental health support in the 111 service

People seeking help for mental health issues find the process too complicated particularly when they are in crisis. The questions asked by the call handlers are often seen as irrelevant and staff need enhanced training. There is a clear need for a mental health clinician in the clinical assessment service and the lack of this means that there are unacceptable delays in people getting help, especially via call backs from a crisis team.

Our response:



There is a national programme to develop the mental health pathway for 111. For London, there is a plan to introduce an added feature to this pathway that includes an option for callers experiencing a mental health crisis to be connected to mental health practitioners at the start of the call via interactive voice recognition. This involves developing and strengthening the collaboration between the 111 provider and mental health organisations which will ensure patients can be directed to the right team for assessment, onward treatment or advice and ensures avoiding A&E where appropriate. We will also consider other possible options to improve the service that are specific to NCL.

As part of the new NCL NHS 111 IUC service specification, there is a requirement that the service provider makes sure that call handling staff receive adequate guidance on how to handle calls from or about people with mental ill health. We will monitor the performance of this requirement.

Accessibility:

Language barriers, issues for people with physical and sensory (sight and hearing) difficulties, digital exclusion, and deprivation

Language is a huge factor in people either not being able to access the 111 service or not having a satisfactory experience. People are not aware that a translation service is available or how to access it.

Not being able to communicate means people don't understand the questions being asked by the call handlers and therefore cannot communicate the problems being experienced. Staff have become frustrated with callers who are struggling to understand them. An element of negative judgement by call handling staff was also reported by several people. This will not deliver a good diagnosis or outcome and puts people off trying to access the service (and other health services).

Similarly, people who are hard of hearing find using the service more difficult due to the complex call menu and also can't always hear the call handler.

People from the deaf community struggle to use 111 via phone. There is a lack of awareness about the NHS 111 British Sign Language service which is available 24 hours a day, 7 days a week.

For people with dementia remembering the call options etc. is challenging.



People with visual impairments and those with learning disabilities expressed that they were the least likely to use the online service stating that it was inaccessible due to their lack of sight, they found using online services difficult, and that they prefer to speak to a person to discuss health issues.

111 Online is not accessible if you are not digitally literate or can't afford a computer or the internet. People who are socially deprived report having a more negative experience of 111.

The service is not well adapted for those who find phone calls difficult. Video consultations should include chat for people who find it easier to write their thoughts down than to speak. However, the most popular way of contacting 111 was via phone.

An interesting question was raised as to whether people with mobility issues could gain access to transport to get them to an appointment.

Our response:



In line with the requirements of the Equality Act 2010, the new service design outlines the need for the service to be accessible and to meet the needs of people with disabilities, sensory impairments, and those whose first language is not English. It is acknowledged that the instructions to access translations are in English.

We will work with the provider of the new service to publish information on the 111 IUC service in a range of formats such as easy read and different languages, including ensuring that people are aware of the complaints procedure.

We are working with a local patient group to design an NCL 111 IUC information sheet. This will describe the service and explain how patients can access the NHS 111 service if they require translating or interpreting services.

The group will make the information available in different languages on request and distribute it to various groups and communities.

Comments raised about video calls can be considered as part of digital innovations as regional discussions develop.

The current provider does not organise transport for patients however home visiting provision is in place which is determined on a case-by-case basis against a set of criteria. Non-emergency patient transport is available in north central London and access to this service is based on medical need. We follow the Department of Health and Social Care's (DHSC) eligibility guidance: <https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/how-do-i-organise-transport-to-and-from-hospital>. Visit <https://www.royalfree.nhs.uk/services/services-a-z/non-emergency-patient-transport> for more information.

In terms of NHS England national campaign materials for 111 being made available in different languages and formats, we will raise this with the national team.

Call menu being too complicated

We received a lot of feedback about the call menu. Many felt that it was too long with too much information to process when callers are not feeling well, anxious or experiencing a mental health crisis. The different options can feel confusing and there is too much unnecessary information, including out of date covid messages.

People with learning disabilities feel that the call menu is 'too long' and 'annoying' and many feel that it often leads them round in circles. This has sometimes caused anxiety, especially in a medical emergency.

The menu tells people to use 111 online which some feel is "unwelcoming".

Our response:



The national team at NHS England is responsible for the design of the call menu. We acknowledge the comments and feedback but we are unable to directly intervene to make changes to it. However, we have shared the feedback with the regional (London) team who can escalate this to NHS England as appropriate.

Work is underway by Integrated Care Boards across London to review the call menu with a view to simplify this across the London region.

Staff training in general and particularly when it comes to dealing with neurodiverse callers, those with learning disabilities (LD) and dementia and mental health issues

Some autistic people process language differently and therefore their communication with the call handlers is sometimes ineffective and frustrating.

There needs to be more understanding of people with dementia using the service and that they may have other people assisting them to access the service.

The call process is too difficult for people with learning disabilities especially when they have no one to advocate for them.

There is a need for better communication between services and training for call handlers, some of whom came across as not knowledgeable in local services and their location.

Staff need better training on how to manage callers with mental health problems or when they are in a crisis.

There were also comments about the need for more investment and better staff numbers with appropriate training.

**Use 111
online** **Help us
help you**

Our response:



As part of the new NCL NHS 111 IUC service specification, the provider will have to ensure that call handling staff receive adequate guidance on how to help patients with additional access requirements and that the service meets the requirements of the Equality Act 2010.

As part of the process to award the new contract, potential providers will need to clearly show how they intend to identify and address the challenges and opportunities of providing a good service to residents who have additional access requirements.

Awareness

We found that there is a general lack of awareness of the service or parts of the service. People are not always sure when to use 111 and 999. This was particularly the case for non-English speakers. Therefore, awareness campaigns need to be in multiple languages.

People are unaware that they can access the service online and there is more familiarity with 111 as a telephone service.

Some people are unaware that the service can book appointments and arrival slots into A&E and urgent care.

Our response:



The NCL ICB website has a dedicated page for 111: <https://nclhealthandcare.org.uk/keeping-well/help-with-an-urgent-need> which describes the service and how people can access this provision. There is a facility on the page to translate the information into multiple languages.

We will continue to raise awareness of the online and telephone 111 service using all available communications channels.

We promote the NHS 111 Online phase of NHS England's winter campaign. The campaign aims to reduce pressure on urgent and emergency care services by increasing use of the online service and freeing up the 111 phone service to help people with more urgent issues. We will raise the need for 111 IUC campaign materials to be in different languages with NHS England.

As previously mentioned, we are working with a local patient group to create an NCL 111 IUC information sheet which will be translated by the group on request.

The service is risk averse

People feel that the 111 service is not willing to take risks when the health of a child is concerned and that the service will send them to A&E.

Our response:



If a call handler decides that someone should be sent to A&E or to an urgent treatment centre, the case is reviewed by a clinician. Where appropriate, they will be sent to alternative services away from A&E if this is deemed the best course of action by the triaging clinician.

In NCL, we monitor the number of calls where it is determined that someone should go to A&E that later get downgraded to an alternative service.

Lack of communication between NHS 111 and general practice

People stated that there needs to be better communication between the 111 service and GP practices to ensure that patients get ongoing support where necessary.

Our response:



There is an NCL Primary Care Operational Group in place which includes the current NCL NHS 111 IUC provider. This forum provides an opportunity for related issues to be discussed.

Further consideration can be given to improve communication between the 111 service and GP practices to ensure that patients get ongoing support where necessary.

The NCL NHS 111 provider works closely with primary care providers across north central London, attending meetings as required to provide feedback used for contract monitoring.

Lack of support for people with dementia

We heard that there needs to be more understanding of people with dementia using the service. They can struggle with the number of options via the call menu and can't remember all the options if there is a long list. It was suggested that it might be helpful to have an option for people who need extra support to be put through quicker.

Our response:



As part of the new service specification, the provider will need to make sure call handling staff receive adequate guidance on how to help patients with additional access requirements. We will work with the new provider to develop training requirements around dementia.

GP out-of-hours service – lack of awareness, prescriptions, travel and offer of appointments

There was generally positive feedback about the GP out-of-hours service. However, there is a lack of awareness about it.

Criticism lay in the 111 service not offering GP out-of-hours service appointments and either telling callers to contact their own GP during practice hours or sending them to A&E where they receive treatment that could be given by their GP (e.g. prescribing of medication).

Having to travel a distance to attend appointments at an out-of-hours GP hub can be tricky when you are unwell although some people said that they are happy to travel.

Frustration was expressed at the out-of-hours GP only being able to issue emergency prescriptions and patients having to get more from their GP and paying twice.

Our response:



There is information about the GP out-of-hours service on the ICB's website. It is also included on the information sheet being developed. <https://nclhealthandcare.org.uk/keeping-well/help-with-an-urgent-need>

We regularly monitor the number of 111 direct bookings made to GPs. Our Primary Care commissioners also have access to this data which is used to inform discussions with GP practices with a view to the appointment slots being used more efficiently.

The GP out-of-hours service will continue to operate from local bases across NCL with appointments being offered at the site closest to the patient's location where possible.

When a call handler advises that a patient should go to A&E, this is verified by a clinician so that only appropriate cases are referred to A&E.



Variability in the offer of booked appointments

People appreciate being given a booked appointment, but this isn't always happening. People feel it would be helpful to be able to book actual appointments to relieve the pressure on other services. Some people were advised to contact their GP, which was criticised, as it is difficult to get a GP appointment.

Our response:

The ICB regularly monitors the GP direct booking appointments and are working closely with Primary Care colleagues to increase utilisation of these appointments.



Format of appointments – online vs face-to-face

There was mixed feedback on people's preference for either face-to-face or online (video) consultations. However, only a very small amount of people expressed a preference for a video consultation.

Our response:

The current provider offers GP telephone consultation and face-to-face appointments. Video consultation will be considered as part of future innovations. We will continue to support digital developments as and when they become available.



Attitude of hospital staff

Some people reported that hospital staff can be dismissive when people are referred to A&E by the 111 service.

Our response:



A regular meeting with representatives across urgent and emergency care is in place to address system issues and improvements.

Location of call centres

People expressed their concern about regional call centres as opposed to local ones.

Our response:



A Single Virtual Contact Centre (SVCC) was implemented across London in April 2022. This is a virtual call centre that operates across a large area of London. It ensures that calls are answered as quickly as possible by directing the call to the first available call handler. The call handlers have access to local directories of services so that they can direct callers to the most conveniently located services regardless of where the call is answered.

Early evidence has shown that the SVCC has led to fewer calls into the 111 service being abandoned and there have been no reported serious incidents. This will be continuously monitored both locally in NCL and across the whole of the country.

At times, the SVCC will be deactivated when local circumstances require this such as the Strep A issues prior to Christmas 2022. This will continue to be monitored as needed to best meet the needs of patients and respond to pressures.

Referrals to other services and call backs

Many people generally feel that when they are referred, usually to GPs, A&E or urgent care, the referral is appropriate, but this isn't the case all of the time. Some people reported being given incorrect or unhelpful advice, being sent to the wrong place.

When issues are not dealt with fully over the phone, sometimes a call back from a clinician is required. Most call backs do happen within the timeframe given to the caller but not all the time. In these cases, people have waited such a long time that they find another course of action.

A variety of ambulance issues were noted. In one case an ambulance was booked, it didn't turn up and the ambulance service had no record of the booking.

Our response:



Patient feedback is important to the ICB and is formally reviewed with the provider monthly. Any inappropriate referrals are investigated, and the outcomes are reported back to the patient.

The Provider carries out regular patient experience surveys and this is also a requirement in the new contract. Call backs are regularly monitored as part of the contract and quality meetings with the service provider.

A clinical navigator role has been introduced to the 111 service to oversee and manage the call back queue. Call backs are scheduled according to clinical need with the most urgent cases being dealt with as a priority.

Considering the needs of refugees, asylum seekers, unaccompanied children, homeless people, and hostel residents

It is recognised that these groups can find NHS services difficult to navigate and they need help to understand what services are available, how to access them and how the system works.

Our response:



The new service specification requires that providers include training that covers vulnerable groups and special needs with an aim to making it more accessible to everyone.

We will work closely with the new provider to ensure that they are carrying out communications and engagement work aimed at these specific hard to reach groups. In addition, the information sheet that is being developed can be used as part of this work.

Accessibility for people with learning disabilities

People with learning disabilities felt that they often had more health issues than others, and they were not always able to read or fully understand online forms and questions, so easy read version or forms with pictures would be helpful.

Our response:



Whilst we recognise the challenges faced by people with learning disabilities, this is not something we are able to provide given the requirement for consistency across 111 services. We will, however, feed this back to the national team in the hope that future amendments to the specification could include this requirement.



Next steps

We would like to thank local people and communities for giving up their time to respond and providing their experiences of accessing the NHS 111 and IUC service in north central London.

We have understood the importance of procuring a service that is inclusive and as easy to use as possible. The feedback we received informed the next stages of this work programme which was the formation of the interview questions for the prospective providers and evaluating their bids. Any feedback received that was outside the scope of this project has been shared with both the London team and NHS England.

We will continue to ensure that we raise awareness of the NHS 111 IUC service across all our communications channels and work with partners and voluntary and community groups to reach as many communities and residents across north central London as possible.

If you would like to know more, please email
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