1 PURPOSE

1.1 The purpose of this paper is to update the Governing Body on the consultation on a future model for NHS 111 and GP Out of Hours (OOH) services for Cambridgeshire and Peterborough.

2 STRATEGIC AIM / CCG ASSURANCE FRAMEWORK / EDS LINKS

2.1 This paper is aligned to Strategic Aim 4 – Change Management and Transformation, Strategic Aim 5 – Contracts Management and Performance and Strategic Aim 7 – Governance.

3 CONTEXT

3.1 Update to the previous paper

3.1.1 The public consultation has been running since 19 December 2014, and was extended to 6 March 2015 at 5.00 pm, due to difficulties distributing information over the Christmas period. This paper updates the Governing Body on the responses to consultation on the first nine weeks up to and including Friday 20 February 2015.

3.1.2 In response to requests from members of the public and elected members additional meetings have been arranged in Fenland and St Neots.

3.2 Update on engagement for Wisbech patients

3.2.1 This particular consultation does not cover patients from Wisbech 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 the LCG to ensure that the views of local patients can be fed into the Norfolk procurement process.
3.2.2 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 due to be part of the bidder evaluation event which was due to take place on 20 February 2015.

3.2.3 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.

3.2.4 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.

3.2.5 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. In this way the views of Wisbech patients were considered as part of the Norwich CCG procurement process.

3.3 Update on Royston patients

3.3.1 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 procurement.

3.4 Update on the consultation process

3.4.1 Cambridgeshire and Peterborough CCG has already held the following public meetings:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Fleet, Peterborough</td>
<td>Monday 12 January</td>
<td>7pm-8.30pm</td>
</tr>
<tr>
<td>Cambridge Library</td>
<td>Wednesday 14 January</td>
<td>1pm-2.30pm</td>
</tr>
<tr>
<td>Ely Library</td>
<td>Wednesday 21 January</td>
<td>1pm-2.30pm</td>
</tr>
<tr>
<td>Huntingdon Library</td>
<td>Wednesday 28 January</td>
<td>1pm-2.30pm</td>
</tr>
<tr>
<td>Peterborough Library</td>
<td>Friday 30 January</td>
<td>1pm-2.30pm</td>
</tr>
<tr>
<td>Meadows Community Centre, Cambridge</td>
<td>Tuesday 3 February</td>
<td>7pm-8.30pm</td>
</tr>
<tr>
<td>Wisbech Library</td>
<td>Wednesday 11 February</td>
<td>11am – 12noon</td>
</tr>
<tr>
<td>Town Hall, March</td>
<td>Wednesday 11 February</td>
<td>1pm-2.30pm</td>
</tr>
</tbody>
</table>

In addition, due to requests from the public and local Councillors, a public meeting has been arranged in St Neots:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Neots Library</td>
<td>Monday 2 March</td>
<td>7pm-8.30pm</td>
</tr>
</tbody>
</table>

As mentioned above, the CCG also held a meeting for Wisbech patients and the feedback has been shared with Norwich CCG and Healthwatch Norfolk.
In addition to the planned public meetings we have added a number of public meetings in response to requests from members of the public. The March and St Neots meetings were added during the consultation.

In addition to public meetings the CCG has attended the following meetings to inform groups about the consultation:

- CATCH patient Forum
- Peterborough Patient Forum
- Borderline Patient Forum
- Cambridgeshire Deaf Association – Fenland Group
- Hunts Patient Congress
- Hunts Health and Wellbeing Board
- Firs House and Telegraph Street Practices PPG.

As at 23 February 2015, 592 completed questionnaires had been received in hard copy and electronically.

3.4.2 Publicity

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. The feature provided viewers with the key messages in terms of the service’s good performance, the low numbers of people 111 sends to A&E and dispatches an ambulance for, and how few people who attend an A&E department have been sent from 111.

Dr Andrew Anderson was also able to update on the future plans for the service and encourage members of the public to give their views through the public consultation that is now running until 6 March 2015. People can respond online or by attending one of the public meetings taking place across the area.

In the lead up to the programme, Dr Andrew Anderson was also interviewed by BBC Radio Cambridgeshire for the Monday morning breakfast show. Again, Dr Anderson was able to highlight key messages around the service, its future and the BBC Inside Out is available to watch on the BBC iPlayer.

Articles on the consultation have also appeared in the Fenland Citizen and Hunts Post. Advertisements for the public meetings were placed in Hunts Post, Wisbech Standard, Cambs Times, Ely Standard, Cambridge News & Crier, Ely News, Peterborough Telegraph and Fenland Citizen.

3.5 Update on consultation responses

3.5.1 Emerging themes

- 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.

- **111 questions**
  People have informed us that they feel the questions take too long and there are too many questions. 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.

- **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.

- **Timings of the GP Out of Hours service**
  The current service finishes at 8am. A lot of people have told us that their GP practice does not answer the phone until 8.30am. This is seen as a gap in provision. GP practices are not open for people to make appointments at 8am.

- **Shared medical records**
  People with long-term conditions or complicated medical conditions can be reluctant to use these services. 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.

- **GP practice opening hours**
  People feel that if GP practices were open later into the evenings and at weekends then the need for GP 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.

- **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.

- **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.

- **Links to other services and reviewing all urgent care services together**
  People have told us that they would prefer NHS 111 and GP 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 111/OOH in isolation.

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

4 **RECOMMENDATION**

4.1 The Governing Body is asked to note the consultation currently underway, and to agree the process for reviewing the final response after 6 March 2015.

The Patient Reference Group will review all responses and the response to consultation after the consultation closes and will make a recommendation to the Programme Board about how these views are included in the procurement going forward. The Lay Chair, Lay Member for Patient and Public Involvement to review the recommendations of the procurement and to be delegated to approve on behalf of the Governing Body or to bring back to a public meeting for review.

4.2 Timescales for end of consultation reports

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation closes</td>
<td>6 March 2015</td>
</tr>
<tr>
<td>Patient Reference Group meeting to review responses</td>
<td>17 March 2015</td>
</tr>
<tr>
<td>111/OOH Procurement Board meeting to review responses</td>
<td>18 March 2015</td>
</tr>
<tr>
<td>Governing Body meeting for final report</td>
<td>12 May 2015</td>
</tr>
</tbody>
</table>

**Author:** Jane Coulson  
**Engagement Manager**  
**27 February 2015**