GP Out of hours

Face to Face Consultations in Urgent Care Centres

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<tr>
<th>Engagement paper No.</th>
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<td>Care Pathway / Service</td>
<td>Out of hours Service – GP face-to-face Consultations</td>
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<tr>
<td>Commissioner Lead</td>
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<td>Service will be Commissioned on behalf of:</td>
<td>Camden Clinical Commissioning Group Islington Clinical Commissioning Group</td>
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<table>
<thead>
<tr>
<th>Version</th>
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<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Introduction</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Background</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Aims and Objectives of the Service</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Benefits of the Service</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Proposed Service Model</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Principles of the Services</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Access to the Services</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Methods of Engagement</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Results of the Engagement</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Aspects of the study that could be improved</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Discussion</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Recommendations</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 1. Proposed Service Model</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 2. The Patient Journey</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 3. Principles of the Service</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 4. Engagement Plan</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 5. Proposals for out of hours care</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 6. Camden Press release</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 7. Papers Overview and Scrutiny Committees</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 8. Minutes - Overview and Scrutiny Committees</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 9. Article- Voluntary Action Camden</td>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 10. GP Patient Participation Group response</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 11. CEO UCLH NHS Trust</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 12. LMC response</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 13. Patient Survey Results</td>
<td>61</td>
<td></td>
<td></td>
</tr>
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1 Introduction

GPs from Camden and Islington, together with patient representatives (via Local Involvement Networks – Healthwatch) from both boroughs have reviewed the out of hours service to determine how these services could be improved for patients. The group recognised that there is a need for a more integrated whole system approach to unplanned care. The vision is to bring together the clinical expertise across unplanned care locally and to create more synergy within the system to ensure that patients are seen by the right professional in the right place to improve the overall patient experience. This will include optimising the use of the Urgent Care Centres (UCC) where there is already a primary care facing service. It was therefore decided, by both Camden and Islington Clinical Commissioning Groups, to set up a face-to-face out of hours consultation services from these centres as a pilot.

Table 1: The pilot

<table>
<thead>
<tr>
<th>Go-live date</th>
<th>1 July 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>UCC: Whittington Hospital / Royal Free Hospital.</td>
</tr>
<tr>
<td>Future</td>
<td>The intention is that University College London Hospital will join at a future date.</td>
</tr>
</tbody>
</table>

Reasons for utilising the UCC more include that:

- Increase choice for patients through more access points for out of hours
- the UCCs have the medical back up of the hospital should the patient’s condition deteriorate and they require specialist intervention or admission
- access via UCCs provides one clear access point which can cater for a range of diagnostic and prescribing needs

This document sets out to describe an engagement process for obtaining feedback from patients, the public and NHS staff about this new model for out of hours services. It will specifically address why the change was needed, the methods of engagement, the results achieved and recommendations made for developing the service.

The engagement exercise commenced on 15 February 2013 and concluded on 19 April 2013.
2 Background

The White Paper ‘Equity and Excellence: Liberating the NHS’ [DH, 2010:18] includes the driver to improve health outcomes where patients should experience health care as safer, more accessible, patient centred, providing greater choice and effective in terms of management of both acute and long term conditions. This is supported by greater accountability to the public and strengthened regulation. Specifically, commissioners are tasked to develop ‘a coherent 24/7 urgent care service that makes sense to patients when they have to make choices about their care. Commissioners are also expected to comply with the requirements set out in the discussion document called ‘the Direction of Travel for Urgent Care Services’ 2. This includes that services should:

- Be quick.
- Be simple to access.
- Put patients in control.
- Support patients to prevent ill health.
- Be available close to or in patients’ own homes.
- Ensure patients feel that the advice received will keep them safe.

The implication for this pilot is that face-to-face consultation services will have to demonstrate these requirements in service provision. It is anticipated that the service will meet or exceed national requirements.

3 Aims and Objectives of the Service.

The out of hours face-to-face consultation service will offer a high quality service that will:

- Be responsive, safe and patient focused.
- Provide improved outcomes for patients.
- Offer equity and fairness with excellent patient and carer experience.
- Provide easy access to services for both patients and carers.
- Be efficient and cost effective.
- Ensure that patients receive the right care, at the right time, from the right professional and in the right place.
- Provide better value for money through the reduction in inappropriate use of NHS services.
4. **Benefits of the Service**

We believe that these changes will be very positive for patients as they will offer:

- Better clinical care to patients because there will be more opportunities to see a GP and receive the right diagnostics at the time of their visit
- Better public transport links to the new locations than the current service
- The opportunity for the patient or their carer to speak to a GP by telephone in advance of the visit so that they can discuss their concerns and get immediate advice
- The opportunity for an appointment in advance, so patients should not have a long wait at the urgent care centre
- Extra GP capacity at the urgent care centres
- Advice and support, if the patient does not have a regular GP, to manage his or her long-term condition or other health needs.
- Help to locate a GP near to where the patient lives and advice on how to register with a GP locally
- A GP home visiting service if patients are not well enough to travel
- A GP face-to-face consultation for when the urgent care centres are closed
- Greater choice for patients about where they wish to be seen there are already GPs at the UCCs providing these services

5. **Proposed Service Model**

The proposed service provide GP out of hours care for both the resident and registered populations of Camden and Islington. Specifically it will provide face-to-face consultations to patients who have already been screened by the out of hours service as requiring a face-to-face consultation with a GP. It will be linked when necessary to more specialist services or community services, all of which will enable patients to achieve the best possible outcomes for their health and wellbeing.

The NHS 111 Service will be the primary gateway for the out of hours service, receiving calls from patients who may require access to a GP. Following screening they will pass referrals directly to the out of hours services (Harmoni) in Camden and Islington who will complete the clinical assessment by telephone and determine if the patient needs to be seen by the GP and the urgency of this response. If they make a determination that a face to face consultation with a GP is required, they will arrange for the patient to be seen at the UCC (Whittington Hospital or Royal Free Hospital) if this is before 10pm in the evening. This will apply to both weekdays and the weekend. Patients,
who need to see a GP, will be signposted to the out of hours base at St Pancras Hospital if after 10pm in the evening, see access times below.

A diagram which illustrates the concept of the service model is available in appendix 1. It shows how patients will be signposted to see a GP out of hours. It also shows integration of services across primary and secondary care services. A diagram is also available to show the patient journey from the out of hours telephone consultation until the patient is discharged to their GP or referred on to other services. This diagram is available in appendix 2.

6. **Principles of the Services.**

The pilot service will rest on a number of core and general principles. These are in appendix 3.

7. **Access to the Service**

The GP face to face service at the Urgent Care Centres will be available for patients during the out of hours period as follows:

<table>
<thead>
<tr>
<th>Period</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Monday to Friday</td>
<td>18.30 to 22.00</td>
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<tr>
<td>Saturday and Sunday</td>
<td>08.00 – 22.00</td>
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<tr>
<td>Bank Holidays</td>
<td>08.00 – 22.00</td>
</tr>
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Face to face consultation services will be provided from the St Pancras Hospital site when the Urgent Care Centres are closed.

8. **Methods of Engagement**

The section below describes the methods that were employed to obtain feedback from the relevant stakeholders during the engagement.

8.1 Papers were submitted to the Camden and Islington Clinical Commissioning Governing Bodies. Approval was sought, to proceed with the engagement from these Governing Bodies. As a result, an Engagement Plan was developed to ensure that the opinions of residents, NHS staff and organisations are included in the engagement report. Efforts were also made to contact organisations who are responsible for ensuring that the patient voice is heard. These engagement activities can be viewed in the Engagement Plan in appendix 4.
8.2 The engagement exercise was formally launched on 15 February 2013 when the engagement documents were placed on the websites of NHS North Central London and the websites of Camden Clinical Commissioning Groups.

8.3 A ‘Proposals for Out of Hours Services in Camden and Islington’ document was developed to communicate to stakeholders how Camden and Islington Clinical Commissioning Group plan to change out of hours provision. Included in the document is a survey that patients, NHS staff and organisations could complete. Organisations were also encouraged to collectively respond. The document is available in appendix 5.

An out-of-hours-services@nclondon.nhs.uk e-mail address was set up for the public to use to respond or enquire about the service.

8.4 Patients

Current service users were surveyed by the Out of Hours Project Manager at the Whittington Hospital Urgent care Centre and St Pancras out of hours base. Copies of the Proposals for Out of Hours Services document were left in the waiting rooms of these locations.

8.4.1 Press release to Camden and Islington media with information on how to get involved, were developed. The press release is in appendix 6

8.4.2 Letters were also sent to minority groups, children’s centres and disability groups. Examples of organisations to which these services were sent, include Voluntary Action Camden with a readership of 2,500. A copy of the article can be viewed in appendix 9. The Somali and Chinese communities were also approached in Camden.

8.5 Organisations

8.5.1 Camden and Islington Health Overview and Scrutiny Committees

Permission to proceed with the project was sought from the Overview and Scrutiny Committees (OSC) of Camden and Islington. Copies of the reports that were produced and circulated councillors ahead of the meetings, can be viewed in appendix 7a for Camden and appendix 7b for Islington.

8.5.2 Relevant MPs were also offered a briefing

8.5.3 Presentations or briefings about the project were offered to organisations such as NHS NCL Primary Care Trusts Joint Boards, Health and Well Being Boards
of Camden and Islington, Camden and Islington LINKs, and the local local medical committees.

8.5.4 Acute Sector

Briefings on the project were also sent to the Chief Executive Officers, Patient Advice Liaison Officers and Patient and Public Involvement Groups at the Whittington Hospital, the Royal Free Hospital and University College London Hospital NHS Trusts.

At the Whittington Hospital presentations were also delivered to the Urgent Care and Emergency Care staff (Emergency Board with a number of consultants attending) and the Royal Free hospital (Haverstock Health)

8.5.5 Camden CCG & Islington CCG staff and independent contractors

Staff were informed via articles in GP e-news inviting them to comment, staff e-Bulletin, news on the intranets of Camden and Islington CCGs. GP and practice managers received individual invitations to comment and practice managers were asked to forward the engagement documents to their patient participation groups. Both chairs of the practice managers’ forums were contacted and in Islington the locality managers were contacted as well. Articles were also placed in NHS NCL Patient Newsletters.

9. Results of the Engagement

This section will give an account of the responses that was generated from the relevant engagement activities as mentioned in the previous chapter. A general observation was that it was very difficult to determine through which communication channel or engagement activity the responders heard about the pilot.

9.1 Overview and Scrutiny Committees

Presentations were delivered to the Overview and Scrutiny Committees of Camden and Islington on 13 February and 12 February respectively. The minutes of the meeting can be viewed in appendix 8a and 8b. The comments were favourable for Islington. It was mentioned that the current patient journey contained an additional GP triage component due to contractual arrangements. This could be removed in future. The chair mentioned that the committee is carrying out a scrutiny review of GP appointment and request that the CCG provide information that could assist with these. The chair concluded that the engagement should proceed.
The response from Camden Overview and Scrutiny Committees was that the service must be seamless and joint up for patients. They voiced their regret that University College London were not ready to participate in the pilot. It was noted that there were no plans to integrate pharmacy services in the pilot. The committee were supportive of the broad terms of the proposal in providing more site for face to face consultation services. However, it was noted that the commissioners should not assume that patients know what an urgent care centre is.

9.2 Response from Organisations, GPs and other Healthcare staff

9.2.1 LINKs for Camden and Islington.

A meeting was held with a representative of Links of Camden and the Community Ownership Manager of Camden CCG at Stephenson House. The outcome was that the Community Ownership Manager offered to contact relevant groups in Camden as 8.4.2. and the article that appeared in Voluntary Action Camden are available in appendix 9. The LINKs representative advised that the Project team should consider approaching the GP Patient Groups linked to individual practices. This has proven to be very difficult.

There was no direct response from Islington LINKs. However, there was a meeting with the Relationship Manager of Islington CCG. The Relationship Manager arranged for the Project Manager to attend a meeting of the North Locality. At this meeting, the safety of the service was raised as a major concern so is the privatisation of NHS services. The Manager of the Central Locality circulated the documents to its members; no responses were received. Unfortunately, it was not possible to attend the South locality meeting.

We have received a response from one patient participation group. The main points raised were:

- That there were some failures at the start of the out of hours service due to the GP surgeries closing and the urgent care centres not yet opened.
- The terms used to describe services. It is not clear what the difference is between out of hours and urgent care centres
- The group felt that drop in services should be available as well as advance booked appointments
- Services that provide out of hours care, should have access to the patient’s medical care.
- The patient’s GP should receive better reports from out of hours care.

The full report can be viewed in appendix 10
9.2.2 The Acute Providers

The only response received was from the Chief Executive Officer of University College Hospital London. The Chief Executive Officer expressed an interest to participate in the pilot and the response is listed in appendix 11.

9.2.3 Response from GPs and other health professionals

No responses have been received.

9.2.4 Response from the LMC

The LMC for Camden and Islington collectively responded. An extract of the feedback are included below. The response is available is appendix 12

‘The poor feedback results for Harmoni need to be considered.

This has to be looked at carefully in the light of the problems with NHS 111 nationally as there is a risk of the same happening in London’.

9.3 Response from current service users (Harmoni patients)

Harmoni / hospital patients at the Whittington Hospital and the Out of Hours base at St Pancras were surveyed on Saturday March 1. The outcome of the day can be viewed in appendix 13.

The plan was to interview 40 patients, split even between the two sites. The total numbers interviewed were 28 patients. These patients were interviewed while waiting in the reception area to see a GP. It was observed that a substantial number of people completing the forms were parents with young children. A further 10 questionnaires were received via post and e-mails. The responses together with the responses received from the Saturday assessments are analysed below.

Answers to question 1 revealed that 28 of 39 patients have used the out of hours services before. When asked how many times they have attended, only 22 responded. They collectively attended 46 times with an average of 2.1 visits per patient. The highest number per patient were 10 visits and the second highest were 8 visits. The two patients with the highest number of visits per individual strongly agreed with the proposals to offer more choice of locations and want to see out of hours face to face consultations delivered from the urgent care centres. They were both under 30 years old.
Patients were asked in question 2, how they would rate the service. 15% rated the service as excellent and 36% rated it as good. The combined figures for rating the service as good or excellent, achieves 51%. No one rated the service as very poor. The one person who rated the service as poor, complained about the advice that were given over the phone and mentioned that it was poor or incorrect on 3 occasions. It is disappointing that a large number of people 12 (33%) did not respond to this question.

The participants in the survey were asked in question 2, whether they had any comments on the service they have received. A number of themes emerged.

Top of the list were

- The level of advice that were provided on the phone, with patients mentioning that it was either poor or incorrect
- It is a layered service with having to speak to many people before the issue / complaint is resolved
- Staffing levels and not being able to speak to a GP

Other themes included

- NHS 111 is not as quick as it could be
- The physical environment of the base could be improved at St Pancras especially the toilets
- Medical records were not available to the GP

The majority of patients strongly agreed (54%) or agreed (26%) with the proposal to offer more choice of locations for the provision of face-to-face consultations. This gives an total agreement of 80% in favour of offering more choice. Only one person (3%) disagreed and one (3%) strongly disagreed with this proposal. It is unclear why these people disagreed with the proposals.

Patients or their carers agreed (82%) that face-to-face consultations should be provided from urgent care centres and only 5% said no as indicated in question 4. 13% of patients did not agree with this proposal.

In question 5, patient were asked if there is anything that they wish to see included in the proposal. A number of themes emerged. They include that

- Medical record should be shared with the urgent care centres
- Service should be better advertised
- Waiting times should be reduced by providing fixed appointments
• Services should be appropriately staffed. One participant mentioned that staff appeared to be tired. It also include to make it easier to speak to a GP
• Services should not be layered
• Appropriate staffing levels
• Patients should receive appropriate advice that they feel they can trust
• Providers and commissioners should be clear what the offer is. They should not offer services that are not appropriately resourced
• Medication / prescribing should be available
• Services should not be provided by private companies

The final question put to participants were that they was if there is anything that they should think about to improve out of hours care locally. The key themes included:

• Waiting times should be reduced. This has been mentioned by a number of patients. However, it was unclear where in the system the queue was.
• There was a suggestion to link in hours with out of hours as it is very often difficult to obtain an in hours appointment. First phone contact should be quicker
• Improve in hours appointments. One participant mentioned that their surgery will only take appointments on the day. Another reported that it is very difficult to get in hours appointments
• Concern that Harmoni will undercut NHS providers and therefore obtain the contract

9.4 Demographics of people participated in the survey

Thirty four of the 39 people represented members of the public, one person responded as a member of a GP patient group. There was no NHS staff responding to the survey. Of these, 13 (33%) were Camden residents, 7 (18%) were Islington residents and one person from out of area. Eighteen (46%) did not respond to the question.

The majority of the people responding to the survey were male with a total number of 24 responses (62%). Only 11 (28%) of the responses were from female members.

The highest number of participants to the survey were in the under 30’s and 31 – 49 category, 12 (31%) and 13 (33%) respectively. The distribution in these categories was even. The reason is probably similar that that for sex. Lowers number were reported in the 50 – 64 2 (5%) categories, which then rise in the over 65s 8 (21%). This rise is to be expected.
The majority of the participants 22 (56%) were from a White British ethnic group. There were no significant numbers in other groups.

10. Aspects of the study that could be improved

The survey questionnaire did not distinguish whether the patient was an adult or a child. It was obvious from observing attendance at the centres, that a significant number of patients were children. This means that conclusions may be slightly flawed.

11. Discussion

Approval and support was obtained by the Overview and scrutiny Committees of both Camden and Islington. The LMC was supportive of the feedback as well. However, they did request that we consider the impact of the adverse press that Harmoni has attracted as well as the impact that NHS 111 would have on the service. Other organisations that responded included Camden LiNKs, who assisted with accessing, further patient groups. However, no responses were received from these groups. There was also a response from the Chief Executive Officer of University College London. The Chief Executive highlighted that they will be very happy to participate following the results of the pilot.

Patient overwhelmingly responded by 82% in favour that face to face consultation services should be provided from Urgent Care centres. They also strongly agreed or agreed (80%) that patients should be given more choice of location for provision of face to face consultation services. Although there was one person who strongly disagreed with offering more choice, no reason were given for the disagreement.

It should be noted thought that only 51% felt that they received good or excellent services, there is therefore room for substantial improvement.

Key themes that should be addressed when developing the services include to:

- Ensure adequate staffing levels
- Make it easier to talk to a GP
- Reduce waiting times
- Improve the quality of advice given over the phone
- Ensure access to medication
- Medical records is available for the GP in the Urgent Care Centres
- Reconsidered start times during weekdays
• Consider the terminology used to when communicating with patients and their carers

To summarise, the issues mentioned in the tables below, were raised in the course of the engagement exercise. The table listed Camden CCG and Islington CCG responses to these issues.

<table>
<thead>
<tr>
<th>Comments (who said it)</th>
<th>Our response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No plan to integrate pharmacy in the pilot phase (Camden OSC)</td>
<td>This has not been deemed immediately necessary. However, some medicines are available on site and FP 10 prescriptions are issued.</td>
</tr>
<tr>
<td>UCLH not included in the pilot (Camden OSC)</td>
<td>N.B. the CEO of UCLH’s response to the engagement exercise in appendix 11. It is our intention that UCLH will join the pilot during the course of 13/14.</td>
</tr>
<tr>
<td>The current patient journey contains an additional triage step (Islington OSC)</td>
<td>This is a precautionary measure to ensure safety of the NHS 111 service end to end patient journey. We will evaluate the need for this step once the NHS 111 service is fully embedded.</td>
</tr>
<tr>
<td>Safety of the GP out of hours Service (North Locality Patient Group – Islington)</td>
<td>Commissioners took responsibility for the commissioning of out of hours services on 1st of April 2013 and safety will be paramount in how the service is commissioned. The CCGs will undertake a review of GP out of hours services to ensure safety and quality over the next two years.</td>
</tr>
<tr>
<td>Concerns about the privatisation of the services with specific reference to Harmoni</td>
<td>The CCGs currently commission a small proportion of services through private providers. This will only happen where a provider is best placed to provide that particular service.</td>
</tr>
<tr>
<td>Potential for failures at the start of the service due to GP surgeries closing and urgent care centres not yet opened (GP Patient Participation Group)</td>
<td>We have ensured that our service are aligned end to end to ensure safety. We encourage the reporting of service issues where these occur with individual practices.</td>
</tr>
<tr>
<td>Terms used to describe services are not clear to patients for example</td>
<td>We are aware of the need to simplify the terms to describe urgent care</td>
</tr>
<tr>
<td><strong>urgent care centres, out of hours care. It was also not clear what the difference is</strong> (GP Patient Participation Group)</td>
<td><strong>services. People can be assured that they will connect to the appropriate services as there are protocols in place at every service point to deal with this. Emergencies will be dealt with promptly.</strong></td>
</tr>
<tr>
<td><strong>Drop in services should be available as well as advanced bookings</strong> (GP Patient Participation Group)</td>
<td><strong>It is possible for patients to drop in. However, they may need to wait to give priority over patients with more urgent needs. Accessing the service via out of hours services will enable a booked appointment.</strong></td>
</tr>
<tr>
<td><strong>Services that provide out of hours care to patients should have access to the patient’s medical records.</strong></td>
<td><strong>It is our aspiration to achieve interoperability with all provider systems which will increase the ability to provide medical records.</strong></td>
</tr>
<tr>
<td><strong>The patient’s GP should receive better reports from services providing out of ours care.</strong></td>
<td><strong>Nationally, it is a requirement for out of hours providers to send information to practices by 08.00 the next working day. It is also a local performance indicator for out of hours services. We would encourage practices to report any problems by using the NHS 111 feedback forms.</strong></td>
</tr>
<tr>
<td><strong>UCLH will join as one of the provider sites after the information of the pilot is available</strong> (CEO University College Hospitals)</td>
<td><strong>It is our expectation that UCLH should join the pilot during 13/14.</strong></td>
</tr>
<tr>
<td><strong>Poor feedback from Harmoni needs to be considered</strong> (LMC)</td>
<td><strong>CCGs are now responsible for commissioning out of hours services and will be looking to improve the service.</strong></td>
</tr>
<tr>
<td><strong>This needs to be looked at in the light of problems with NHS 111 nationally, as the same problems happening in London</strong> (LMC)</td>
<td><strong>We are commissioning a NHS 111 service that went through robust testing, is actively monitored and closely performance managed.</strong></td>
</tr>
</tbody>
</table>

**Said by patients alone**

| **Level of advice given on the phone is either poor or incorrect** | **The process is standardised with a locally developed Directory of Service for referral to services close to where the patient lives. Call Handlers are trained and there is an on-going review of advice given over the phone.** |
| **This is a layered service. Having to** | **The purpose of NHS 111 is to ensure** |
| **speak to many people before the issue is resolved** | **that the patient is connected to the right service at the right place. This may require a number of conversations with different professionals. The intention is to streamline the service.** |
| **Staffing levels and not being able to respond to a GP** | **Based on need, other professionals might be better suited with a more appropriate background to deal with the concern.** |
| **Prescribing / medication should be available** | **No change to current systems proposed.** |
| **Providers should be clear what the offer is and only provide what can be properly resourced** | **We will ensure that the services we commission, are resourced appropriately.** |
| **Need to improve facilities at the centres** | **Each provider has a complaints procedure in place, and we suggest that patients complain to the provider directly if facilities are unacceptable.** |
| **Waiting times for medicine and services** | **Waiting times for services are monitored. We note these concerns and will work on them.** |
| **Signposting for the deaf and blind** | **We work with our patient groups to continuously improve services for patients. We encourage reporting where services are not accessible for people with disabilities** |
| **GP appointments- in hours appointments should be linked with out of hours as it is difficult to access appointments in hours** | **We note this concern and each CCG is undertaking planning through their primary care strategies to improve access to Primary Care.** |
| **More mobiles services such as using ambulances, cars and motorbikes to reach patients in the community** | **We assess patients according to need and if there is a need for a home visit, an appropriate professional will visit the patient.** |

### 12. Recommendations

Based on the evidence provided, it is recommended that the pilot goes ahead.
Appendix 1: Service Model

Figure 1: Service Model: Proposed pilot for out of hours services in Camden and Islington

Dx: pathway
‘Speak to or see a GP’ with timescale definitive clinical management determined by clinical need – not able to book

- Out of hours service telephone assessment by GP
- GP face-to-face consultations at place of patient’s choice i.e. urgent care centres or out of hours base.
- Home visiting service at patient’s home
- Admission to Accident and Emergency
  - ‘Coordinate My Care’ Register – End of Life Care
  - District nursing, social care, intermediate care
  - Out of hours dental care

Emergency ambulance control
Appendix 2: The Patient Journey  
(from Harmoni Telephone assessment to end of process)

GP, OOH → HGP discuss treatment, choice of location and time frame → HGP Confirms urgency (2 hours, 6 hours)

- UCC staff to ask patient if their condition changed since they spoke to GP and communicate it to the GP who will see the patient

Patient arrives at UCC to see GP → UCC provide proof of receipt of referral

- HGP Book appointment
- HGP raise referral

Record time of patient's arrival

See & Treat Investigations recorded

Confirm patient understood outcome f-2-f consultation

Discharge / signpost to other services → End of face to face consultation Time recorded

Patient Do Not arrive at UCC → Follow DNA Policy

Appendix 3 Service Principles

Reference: Service Specification, GP face to face consultations

3.2 Service Principles

The following core principles and general principles will be applied to the Service:

3.2.1 Core Principles

- The service shall be supported by a robust and safe IT system interoperable with the hospital and GP EMIS Web systems to transport patient information safely. The preferred solution is Adastra
- Patients will be availed of a pre-booked appointment
- Patients do not tell their story twice. The GP should receive information on the history and presenting need
- The patient must be seen by a GP
- The patient should understand what to expect when arriving at the UCC and what to expect from the appointment
- The patient must understand the end result
- Onward transfer of information to the registering GP will occur by 08.00 next working day via secure IT link

3.2.2 General Principles

- The service provided will be equitable in terms of access and quality of provision, regardless of where it is provided and positively promote inclusion of vulnerable or disadvantaged groups of patients.
- Patient access will be as simple and straightforward as possible within the Urgent Care Centre.
- Capacity is closely matched to real demand.
- Activity and outcome data will be produced in as close to real time as possible.
- The service will have systems in place to involve patients in their own care and to feedback on the service received.
- Repetitive information gathering from the patient will be minimised and mechanisms will be in place to ensure timely and efficient flows of information to support continuity of care.
- Patient safety is the priority.
Appendix 4: Engagement Plan

NHS North Central London (NCL)
Consultation and Engagement Plan

Proposal to change access to out of hours GP services in Camden and Islington

October 2012
<table>
<thead>
<tr>
<th>Audience</th>
<th>Project Board and Project Team Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Engagement Plan</td>
</tr>
<tr>
<td>Document Status</td>
<td>Draft</td>
</tr>
<tr>
<td>Document Version</td>
<td>Version 0.1</td>
</tr>
<tr>
<td>Issue date</td>
<td>11 February 2013</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Eilis Kilfeather</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Name</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>27 February 2013</td>
<td>Erna Smit</td>
<td>Report on Progress together with Communications.</td>
</tr>
</tbody>
</table>
Consultation Plan

Changes to access to Out of Hours services, Camden and Islington

1. Consultation Management
SRO: Tony Hoolaghan, (Associate Director of Primary Care)
Project Manager: Eilis Kilfeather (Project Manager, Primary Care)
Communications Team: Jacqueline Hanekom (Communications & Engagement Officer).

2. Summary of what is being proposed

Local GP Clinicians from Camden and Islington, along with patient representatives (Link’s) from both boroughs have been looking in detail over the last year, at how Out of Hours care could be improved. The group recognised that there is a need for a more integrated whole system approach to unplanned care of which Out of Hours is a component part. The ideal is to bring together the clinical expertise across unplanned care locally, by optimising the use of current Urgent Care Centres, where there are already GP providing this service and there is access to near patient testing (X-ray and blood testing) to improve the clinical outcomes for patients. The Urgent Care Centres (UCC) also have the medical back up of the hospital, should the patient condition deteriorate and they require specialist intervention, or admission. Having access via the UCC also streamlines the process, so that patients more readily understand how to gain access to the services, by having one clear access point which can cater for a range of presenting need.

This consultation and engagement plan outlines the desire to pilot an Out of Hours GP services (Face to Face Consultations for patients only) from three Urgent Care Centre sites (Whittington Hospital, Royal Free Hospital and University College Hospital), rather than from the primary site at St. Pancras Hospital and a much smaller service located at the Whittington Hospital. This would be a service improvement as more access points would be created for patients living in both boroughs and there would be increased GP capacity at the Urgent Care Centres. The St. Pancras site would continue to operate as a base for organising home visits for patients too ill to attend a centre and to see patients when the Urgent Care Centres are closed. It would provide backup, should any unforeseen problems arise with the introduction of the pilot.

The desire is to test out whether the changes in the way Out of Hours Services are delivered, will be perceived as improving patient choice by providing a greater choice of location, convenient to where patients live. Also whether it will provide a more straightforward pathway for patients to get access to the right care and to
the right professional from the start of their patient journey, thus reducing confusion about where to get help. This should also lead to better health outcomes for those patients who need more immediate access to diagnostics (blood tests, X-rays etc.). It is also an opportunity for patients and stakeholders to provide valuable input into the new service design (specification) to improve the patient experience and quality of care delivered with the aim of improving the overall sense of satisfaction with the care received.

Those patients with the highest needs (those that are house bound due to severe illness) and who require a particularly responsive service will continue to receive their service from GP’s based on the St. Pancras site. The latter will also provide Face to Face consultations for the very small number of patients who require this when the Urgent Care Centres are closed (after 10pm in the evening).

NHS North Central London is committed to engaging key stakeholders appropriately and coordinating a ‘reasonable and proportionate’ approach to consultation.

3 Current Out of Hours Service
Camden, Islington, City and Hackney and Haringey PCT’s have a contract with Harmoni to deliver this care up to the end of March 2012. The current Out of Hours Service includes an advice service, a Face to Face consultation service with a GP or experienced nurse, and a home visiting service by a GP, for those patients who are too ill to travel. There is an acknowledgement that with the introduction of the 111 Service for North Central London that there will be an impact on Out of Hours services overall.

4. Changes on the horizon
There is a national programme to introduce a new telephone service (111) as an alternative to 999 which will offer a much wider range of responses to patients and will link them up with services locally. The 111 Service will operate 24 hours a day and will be the first port of call for patients who need to gain access to a whole range of primary care services, including Out of Hours Care. The introduction of the new 111 Service will start locally in early 2013.

This new 111 Service presents a real opportunity to support patients to get more immediate medical access to the right care they require. This will avoid duplication of effort that is present in the current system and should reduce patient’s frustration at not knowing who to call, to get the required assistance. An example of this is that the current Out of Hours Service has a relatively high volume of calls for access to an emergency dentist. 111 will be able to direct the patient to the emergency dentist in their area, without having to go through GP Out of Hours Services. In time the database that the 111 Service is developing will provide opportunities for appointments to local services, with an initial assessment of the presenting need attached and patients will be kept in the loop about what will happen, as a result of their contact with the 111 Service.
5. What is the likely impact of these changes to Out of Hours care

These new national changes will have a direct impact on local services. We anticipate less patients being referred to Out of Hours Services as more patients will be directed to the correct service, without having to inappropriately go through the GP Out of Hours Services first. This change presents an opportunity to improve the current GP Out of Hours Service and to focus it more on the patients who need this kind of care, thus providing an improved patient experience and better clinical outcomes for patients.

6. What is the demand for Out of Hours Care

Local GP’s along with patients representatives (LINk’s) have been reviewing the Out of Hours data. As part of this process they mapped the whole take up of Out of Hours Services, against the local catchment area for the nearest hospital to where the patient lives. They looked in detail at the number of patients and when they requested the service. It is clear that there was little demand for Face to Face Consultations with a GP Out of Hours during the working week, or after 10pm at night. The largest demand is for access at the week-ends and Bank Holidays. Below (Table 1) is an example of patients living in the Royal Free Hospital catchment area. This table highlights clearly that the largest demand is at week-ends and Bank Holidays and that the numbers attending Out of Hours during the week is very, very small (less than 10 people).

Table 1
Take up of Out of Hours Care Face to Face Consultations for patients living in the Royal Free Catchment Area.

<table>
<thead>
<tr>
<th>Day</th>
<th>Average Attendances per Day</th>
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<tbody>
<tr>
<td>Bank Hol.</td>
<td></td>
</tr>
<tr>
<td>Sun</td>
<td></td>
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<td>Sat</td>
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<td>Tue</td>
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<td>Mon</td>
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</tbody>
</table>

A very similar pattern emerges when this is compared to patients living in Islington. The demand for Out of Hours Face to Face Consultations is also primarily at week-ends and Bank Holidays, when patients regular GP is unavailable.
Table 1
Take up of Out of Hours Care Face to Face Consultations for patients living in the Whittington Hospital Area.

<table>
<thead>
<tr>
<th>Bank Holidays</th>
<th>Sun</th>
<th>Sat</th>
<th>Fri</th>
<th>Thu</th>
<th>Wed</th>
<th>Tue</th>
<th>Mon</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="chart.png" alt="Average Attendances per Day" /></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

As GP are already providing a primary care response at the local Urgent Care Centre it makes sense to rethink how Out of Hours might be delivered to make better use of current resources. This would provide clearer access points for patients, particularly as the demand is not for late night consultations, rather day time consultations at week-end and Bank Holidays. There is recognition that patients who need a home visit are often the patients most at risk, so the first priority was to secure a high quality service for those patients who required a GP to visit them at home. Also there needs to be robust arrangement for the tiny number of patients who can travel to see a GP at night, when the Urgent Care Services is closed (after 10pm at night).

The first phase of the commissioning process was to procure a combined Out of Hours Home Visiting Service across Camden and Islington and a small Face to Face Consultation Service for patients after 10pm in the evening. Built into this model is an Out of Hours telephone consultation with a GP for all patients who the 111 Service considers to be in need of GP advice, with the facility for a follow up Face to Face Consultation either at the Urgent Care Centre, or at the Out of Hours, if after 10pm at night. This allows the GP to make a determination on the urgency of the intervention required and to be able to give immediate advice and guidance to the patient. If the most appropriate disposal is to see the patient at the Urgent Care Centre the GP will arrange an electronic appointment for them to be seen and will advise the patient when this will be. This will avoid a long wait for the patient and this will be fast tracked through the Urgent Care Centre without the need for further triage.

This service will be for Camden and Islington residents and those registered with Camden and Islington GP’s and will commence in January 2013. There will be a two month resilience testing period to ensure that there is secure and safe transfer of patient data, both from 111 Service and from Out of Hours to the Urgent Care Centres. Phase two of the Out of Hours Service which is the area we are
particularly consulting on, as it represents a change in the way the service is delivered is to pilot the Out of Hours Face to Face Consultations at the local Urgent Care Centres to evaluate its effectiveness. This will inform the overall long term strategy for greater whole system integrating of Unscheduled Care Services. This will be subject to negotiation with the individual Hospital Trusts as they will need to increase their GP capacity to respond and be able in time to accept appointment times for patients to be seen at the Urgent Care Centres.

7 Stakeholder Groups
The primary stakeholder group for consultation activities are as follows:

- The local professional GP leadership, via the Clinical Commissioning Group and Professional Executive Committees in Camden and Islington;
- The local authorities, Islington Council and Camden Council;
- The Local Involvement Network (LINk – becoming HealthWatch), as part of consultation and project working group;
- The Health Scrutiny Committees in Camden and Islington;
- The Health and Wellbeing Boards in Camden and Islington;
- Local residents and patients.

8 Pre Consultation Activity
NHS North Central London has conducted the following pre consultation activity in regards to Out of Hours Services.

- Several meetings with current provider (Harmoni,)
- Report to Camden CCG (28th March 2012)
- Report to Islington Senior Team Meeting CCG(24th April 2012)
- Update by Dr Jo Sauvage to Islington GPs on progress with Out of Hours on the 13th September 2012
- Several meetings between the Hospital Trusts and Acute Commissioners over the summer of 2012 to establish interest in participating in the pilot.
- Formal confirmation from the Royal Free Hospital, Whittington Health and UCLH of their active willingness to participate in the pilot received in November 2012
- North Central London NHS Board (November 29th2012)
- Camden Overview and Scrutiny Committee, meeting with Chair December 2012
- Islington Overview and Scrutiny meeting with Chair December 2012
- Full participation by LINk’s members from Camden and Islington on the Out of Hours Project Board including participation in the procurement process for phase 1 of the developments.

9 The ‘four tests’
This project has considered the ‘four tests’ for service reconfiguration, as follows:
This project has considered the Secretary of State for Health’s four tests for reconfiguring healthcare services, as follows:

1. Support from **GP commissioners**: A report was prepared and presented to Camden CCG about the proposed changes in Out of Hours Services on the 28th March 2012 and a follow up discussion on progress was made on the April 2012. Camden CCG Board approved the direction of travel. A similar exercise was carried out in Islington and the report was presented to the Senior Management Team of the CCG on 24th April 2012. They were also supportive of the proposals.

2. Strengthened **public and patient engagement**: LINK’s members from both Camden and Islington have been active members of the Out of Hours Project Board which has been meeting since the Autumn of 2011. Throughout this process they have actively participated and positively challenged ideas and assumptions and many changes were made to the Home Visiting specification to improve the patient experience, based on their feedback. The LINk’S members have also been members of the Evaluation Team as part of the procurement process for selecting a provider for the Out of Hours Home Visiting Service.

The Local Authorities will be consulted via the Camden Overview and Scrutiny Committee and representation to the Individual Directors of Social Services to ensure that we have captured their views and incorporate their advice into the Public Consultation Process.

3. Clarity on the **clinical evidence base**: There is a clinical need to change the way we deliver Out of Hours Care to improve the patient experience and make the patient’s journey simpler. We need to have a seamless transition from day time primary care and management of long term conditions through the whole 24 hour cycle. This will be achieved by sharing clinical patient information and care planning; facilitating greater access to diagnostics for those patients that require this facility; have on site back up of more specialist physicians for patients with very complex needs or whose condition is deteriorating.

4. Consistency with current and prospective **patient choice**: Increasing the provision of out of hours GP services from two sites to three sites will increase patient choice locally as to where the individual patient wants to be treated when they need to access primary care out of hours. There will in time be the opportunity to make advanced appointment at the Urgent Care Centres which will match with the presenting clinical need - patients will have some input to which time slots best suits their personal circumstances. We will also ensure, via the service specification that the new Out of Hours GP service offers choice at all times when making referrals to other services.
10. **Equality Impact Assessment**
An EIA has been produced by Eilis Kilfeather and the plans set out in the proposal do not impact on any group in a negative manner.

11. **Consultation timeframe**
The proposal is to consult for 56 days/8 weeks. However, this will need to be agreed by the two local Health Scrutiny Committees in Camden and Islington. NHS North Central London hopes to run the consultation from 15 February 2013 to 19 April 2013 this timeline reflects the need to balance several elements, including stakeholder input into the service specification, national rollout of the NHS 111 phone number, and ensuring the new service is operational by April 2013, when the existing contract ends.

12. **Consultation questionnaire**
To be provided as part of consultation document, and also provided as online survey via the NHS North Central London website.

13. **Consultation and engagement activity**
Please see Appendix A

14. **Collating and analysing responses**
Eilis Kilfeather, Programme Manager, Primary Care Team is the key contact for all responses, enquiries and feedback. Eilis is also responsible for analysing consultation feedback.

15. **The decision**
Alison Blair, Islington CCG Chief Officer is responsible for ensuring board-level decision for Camden CCG and Islington CCG on the consultation and for publishing the consultation report.

12. **Monitoring**
To evaluate how successful this engagement process has been in involving our key stakeholders, we will monitor the following:

- Evidence of local people (patients) inputting into the service specifications
- Evidence of local clinicians and service providers inputting into the service specifications
- Number of complaints/concerns raised by the service’s patients and how these issues were considered / ameliorated.
**A Engagement Activity Plan for proposals to increase access to out of hours GP services in Camden and Islington**

**NOTES:**
1. This plan is for the proposed changes to accessing Out of Hours GP services in Camden and Islington
2. Communications and Engagement period: 26th November to 28th January 2013

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Method of Engagement</th>
<th>Date, time, lead officer</th>
<th>Status &amp; feedback recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL</strong></td>
<td>Engagement is formally launched once it is published on NHS NCL, NHS Camden and NHS Islington websites: summary of project and consultation document, questionnaire and contact details</td>
<td>Steven Howard, Web Manager can support</td>
<td>The engagement was launched on February 15, 2013</td>
</tr>
<tr>
<td><strong>NHS</strong></td>
<td></td>
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<tr>
<td><strong>NHS NCL Joint Boards</strong></td>
<td>Consultation document and letter to Paula Kahn, with offer of presentation</td>
<td>Ellis Kilfeather</td>
<td>Activity completed pre-launch</td>
</tr>
<tr>
<td><strong>NHS NCL Senior Leadership Team</strong></td>
<td>Report to SLT; briefing of any issues</td>
<td>Ellis Kilfeather</td>
<td>Activity completed pre-launch</td>
</tr>
</tbody>
</table>
| **NHS NCL Staff, CCGs** | Brief PALS team  
Article in staff e-Bulletin  
Article in GP-News | Jonathan Hamston | • Letters of invitation was sent to the PALS of ULCH, Royal Free, Whittington. No response to date received.  
• Contacted the Community Ownership Manager in Camden CCG. He asked for |
### Stakeholder Group Method of Engagement

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Method of Engagement</th>
<th>Content</th>
</tr>
</thead>
</table>
| News item on intranet  
Email to Camden and Islington Borough Office team (via CCG Chair and Accountable Officer) | | our willingness to present to members of their engagement group. The Ownership Manager also forwarded the Engagement Documentation to the members. To date there has been no further response.  
- The Ownership Manager pointed us to the Chair of Camden Patient and Public Engagement Group (CPPEG). She confirm that she would send the information to CPPEG members  
- Communications are currently engaging with GP's  
- The Engagement Documentation is live on the website of NCL |
<p>| NHS London | Letter and consultation document (this is courtesy, if required – but critical for major consultations) | Eilis Kilfeather | After further discussion, it was decided not to engage with NHS London |
| Statutory sector | | |
| Camden LINk &amp; Islington Link (becoming) | Letter and consultation document to Chair and host lead, inviting them to participate in the consultation – and offer presentation at future Chairs’ Meeting or operational meeting. Can be sent electronically. | Eilis Kilfeather | Letters of invitation was sent to both Camden and Islington LINKs. No response has been received. |</p>
<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Method of Engagement</th>
<th>Status &amp; feedback recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HealthWatch)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Overview &amp; Scrutiny Committee</td>
<td>Request item on Committee at November meetings via relevant Democratic Services Officers in Camden and Islington. Ideally – 7 November meeting for Islington and 21 November meeting for Camden</td>
<td>Jonathan Hamston</td>
</tr>
<tr>
<td>Health and Well Being Boards – Camden &amp; Islington</td>
<td>Write to Chair of Board inviting comments on consultation, linking to consultation document and offering presentation. (may decide to brief HWB prior to launching consultation)</td>
<td>Jonathan Hamston</td>
</tr>
<tr>
<td>Councils – Islington and Camden</td>
<td>Write to relevant directors (i.e. Housing and Adult Social Services, Children’s Services etc.), plus courtesy email with link to consultation document to known officers in those directorates.</td>
<td>Jonathan Hamston</td>
</tr>
<tr>
<td>Relevant MPs</td>
<td>Email with link to consultation document with offer of briefing</td>
<td>Jonathan Hamston</td>
</tr>
<tr>
<td><strong>Clinicians</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>CCGs –</strong></td>
<td>Write formerly to Chair of Clinical Commissioning</td>
<td>Eilis Kilfeather</td>
</tr>
</tbody>
</table>

Camden CCG and Islington CCG presented at the OSC on 12 February, 2013 and 13 February, 2013 respectively. The outcome was successful and the go ahead given to proceed with the Engagement Plans.

Letters to Chairs and e-mails to HWB officers week 25/2 – no responses as yet.

E-mails sent week 25/2 – no responses as yet.

E-mail sent week 25/2 – no responses as yet.
<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Method of Engagement</th>
<th>Date, time, lead officer</th>
<th>Status &amp; feedback recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington and Camden</td>
<td>Group and offer briefing, or update, whichever is relevant. Request comments on consultation.</td>
<td></td>
<td>provided to Islington CCG on 22 April 2013 and Camden CCG on 8 May 2013</td>
</tr>
</tbody>
</table>
| Independent contractors – Camden and Islington| Emails with consultation document to *neighbouring practices* – GPs, pharmacists and dentists  
Article to all Camden and Islington GPs in the GP e-News alerting GPs to consultation, inviting their comments and encouraging them to promote to their patients. (Comms Team sent via weekly e-News).  
News item on CCG websites for Camden and Islington | Eilis Kilfeather  
Jonathan Hamston | Article/link on Islington e-news going week 25/2  
News items on CCG websites to go up week 4/3                                               |
| Patient and public                             |                                                                                                                                                                                                                                                                       |                          |                                                                                               |
| Current service users                          | Leave printed copies of consultation in waiting area of St Pancras site  
Attend St Pancras site on an evening and a weekend day to promote consultation to patients and encourage them to complete questionnaire                                                                                                                                 | Eilis Kilfeather  
Comms support | Project Manager to interview on Saturday 1 March at the Whittington Hospital (wait to hear confirmation.                                         |
| Other patients                                 | Article in the NHS NCL Patient Newsletters for Camden and Islington                                                                                                                                                                                                     | Uche Onyeabo             | TBC – March (JH to discuss with UO)                                                          |
### Stakeholder Group Method of Engagement

**Date, time, lead officer**

**Status & feedback recorded**

| **Public / press** | Press release to Camden and Islington media with information on how to get involved in consultation/project. Potential for interview with Dr Jo Sauvage (Islington GP)  
*If it becomes a formal 12-week consultation: place advertisement in local press* | CSU Comms | TBC – March (JH to discuss with Felicity) |
<table>
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</thead>
<tbody>
<tr>
<td><strong>Providers</strong></td>
<td></td>
<td>Eilis Kilfeather</td>
<td>We have written to the Chairs of Camden and Islington LMCs. No response to date</td>
</tr>
<tr>
<td><strong>Professional committees</strong></td>
<td>Write to Chair of Local Medical Committees (LMC) covering Islington and Camden; promote consultation and offer briefing. (can be via email)</td>
<td>Eilis Kilfeather</td>
<td>We have written to the CEO’s of The Whittington Hospital, Royal Free Hospital and UCLH</td>
</tr>
</tbody>
</table>
| **Acute providers** | The three whose Urgent Care Centres will be affected – Royal Free, Whittington, and UCLH  
Email to communications and/ PPI/PALS leads to brief on project and Chief Executive | Eilis Kilfeather | We have written to the CEO’s of The Whittington Hospital, Royal Free Hospital and UCLH |
B Template for enquiries and activities log – *adapt to suit you, but key is that all feedback and engagement activities are recorded, and easily packaged if you are called upon by Scrutiny to present them.*

<table>
<thead>
<tr>
<th>Date of enquiry / activity</th>
<th>Channel (i.e. email, telephone, meeting, event)</th>
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Appendix 5: Proposals for Out of Hours Services in Camden and Islington

Proposals for Out of Hours Services in Camden and Islington
We would like to hear your views on where we provide out of hours care in Camden and Islington.

About these proposals

This document is aimed at patients registered with a GP in the boroughs of Camden and Islington who have access to local GP out of hours services.

We want to improve the care that patients receive from the out of hours service. This engagement document will explain how the current service works and how we propose to make it even better for people in Camden and Islington.

These proposals are about giving you:

- an opportunity to give us feedback on the current out of hours service in Camden and Islington
- a chance to comment on the new proposals and to help us design a better service that meets your needs.

This document seeks your views on the proposal to pilot a new service with improved arrangements for out of hours face-to-face consultations with a GP in Camden and Islington.

Document distribution

NHS North Central London wants to ensure as many people as possible have the opportunity to comment on our proposals. As well as being made widely available to the public, the engagement document will be circulated to:

- Camden’s Health Overview and Scrutiny Committee
- Islington’s Health Overview and Scrutiny Committee
- GPs in Camden and Islington
- Camden Local Involvement Network (LINk)
- Islington LINk
- Patient groups linked to practices
- Individual patients who actively use out of hours services locally
- Clinical directors in north central London
- Out of hours services
- Pharmacists
- Royal Free Hospital, Whittington Health and University College Hospital
- Community services
About GP out of hours services

GP out of hours services provide care for patients when their GP practice is closed.

The service is open:

- Monday to Thursday 6.30pm-8am
- Friday 6.30pm to Monday 8am
- 24 hours a day on bank holidays

The service is for patients who are unwell enough to need to see a GP and who cannot safely wait until the next working day for an appointment.

How to access GP out of hours services

You can access this service by calling your GP practice, which will have an answer machine message telling you how to contact your local out of hours service.

When you call the out of hours service you speak to a qualified call handler who will ask a set of questions to decide if:

- Your problem can wait until your surgery next opens
- Another NHS service such as pharmacy can help you
- Your problem can be dealt with over the phone by a nurse or doctor
- You need to attend a face-to-face appointment with a GP
- You need an emergency ambulance.

Your current choice of out of hours care

The diagram overleaf shows how patients can currently access out of hours care in Camden and Islington. Depending on their symptoms a patient, or their carer, may currently:

- Contact NHS Direct for general advice and support
- Contact their GP out of hours service for an illness which they would usually see a GP about
- Call 999 for serious or life-threatening illness or injury.
The diagram shows that current out of hours services offer a comprehensive and safe service to patients and also how you can be referred on to other services based on the treatment that you need.

**Current out of hours care**

Key: Blue = NHS Direct: National helpline
Red = 999 and other emergency services
Green = GP out of hours services
Purple = Other community services
How we propose to improve the service

Local GPs from Camden and Islington, along with patient representatives (LINks) have been looking at how out of hours care could be improved. There is recognition that this is a very valuable service which already provides high quality care for patients. Our aim is to strengthen the clinical expertise available to patients so that the service is more like the GP service that is offered to patients during the day.

One way of achieving this is to optimise the use of current urgent care centres to see any patient from Camden or Islington out of hours, where they have an immediate need to have an appointment with a GP. The urgent care centres are based alongside existing Accident and Emergency centres, but are led by GPs and offer immediate support to anyone with a minor injury or illness. These are open during the day and up to 10pm in the evening. The sites are also accessible for both Camden and Islington residents and could reduce travelling times for some patients.

We propose to pilot an out of hours GP service providing face-to-face consultations for patients from the two existing local urgent care centre sites at the Whittington Hospital and the Royal Free Hospital. The current GP out of hours service operating from St. Pancras Hospital would continue to be offered, along with home visits if a patient is too ill to travel.

This would be an improvement to the service, as it will provide more choice and access for patients through increasing the number of sites at which face-to-face consultations are provided, from two to three. By locating the additional site at the Royal Free Urgent Care Centre, this would also provide better access for any urgent diagnostic tests that the GP may decide to perform. The pilot would also support the operation of the urgent care centres by providing more GP capacity and clinical backup from the hospital, should a patient’s condition get worse or they need to be admitted to hospital.

How will these proposals affect my care?

We think these changes will be very positive for you as they will offer:

- Better clinical care to you because there will be more opportunities to see a GP and receive the right diagnostics at the time of your visit
- Better back up if your condition deteriorates and you need to see a specialist or be admitted to hospital
- Greater choice for you about where you wish to be seen
- Better public transport links to the new locations than the current service
- The opportunity for the patient or their carer to speak to a GP by telephone in advance of the visit so that they can discuss their concerns and get immediate advice
- The opportunity for an appointment in advance, so you should not have a long wait at the urgent care centre
- Extra GP capacity at the urgent care centres
- Advice and support, if you do not have a regular GP, to manage your long-term condition or other health needs.
- Help to locate a GP near to where you live and advice on how to register with a GP locally
- A GP home visiting service if you are not well enough to travel
• a GP face-to-face consultation for when the urgent care centres are closed

**Proposed pilot for out of hours services in Camden and Islington**

- Out of hours telephone advice with GP
- GP face-to-face consultations at place of patient’s choice i.e. urgent care centres or out of hours base.
- Home visiting service at patient’s home
- Emergency ambulance control
- Accident and emergency
- ‘Coordinate My Care’ – End of life care
- District nursing, social care, intermediate care
- Out of hours dental care
Have your say on our proposals

We hope you will agree that the most important thing is for patients to have access to clinically safe, appropriate and accessible primary care services 24 hours a day. We would like to hear your views on our proposed pilot.

Your views are extremely important and we are keen to hear from as many people as possible. We are making this document available in a variety of locations and will be working with community and voluntary groups to try and involve people whose views are not always heard.

Please use the feedback form which starts on page 8. Alternatively, you can write to us, email or telephone using the details below:

Communications Team
NHS North Central London
Stephenson House
75 Hampstead Road
NW1 2PL
Tel: 0207 685 6571
Email: out-of-hours-services@nclondon.nhs.uk

Deadline for feedback

The public engagement is running from 14 February 2013 to 19 April 2013. The deadline for feedback is 19 April 2013.

What happens next?

At the end of the engagement period a report will be produced identifying the themes and issues raised. The report will go to the Camden Clinical Commissioning Group and the Islington Clinical Commissioning Group in May 2013, and they will make the final decision, based on the feedback from the engagement process, on the shape and design of the new out of hours service which will be piloted locally.

Thank you for Your Participation
Questions

Please use this form to tell us what you think about our proposals for out of hours care

*Please tick √ as appropriate*

1. Have you used our GP out of hours service in the last year?
   - Yes ☐
   - No ☐
   - If yes, how many times - insert figure ☐

2. If you have answered yes, how would you rate the current service?
   - Excellent ☐
   - Good ☐
   - OK ☐
   - Poor ☐
   - Very Poor ☐
   - Do you have comments about the current service you have used..........................

3. We would like to offer more choice of locations for face-to-face consultations with healthcare professionals out of hours. What do you think about this?
   - Disagree ☐
   - Neither agree nor disagree ☐
   - Agree ☐
   - Agree strongly ☐

4. Would you like to see primary care out of hours face-to-face consultations at local urgent care centres?
   - Yes ☐
   - No ☐

5. Is there anything in particular you would like to see included in our proposed out of hours services at the urgent care centres?
   - .................................................................................................................................

6. Is there anything else we should think about to improve out of hours care locally?
   - .................................................................................................................................
About You

We want to make sure that everyone has had a chance to share their views. To make sure this engagement reaches a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself. All information provided will be treated in confidence.

Are you:

Please tick ✓ as appropriate

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Please tell us which area you live or you (e.g. postcode or area such as South Camden or North Islington)

.................................................................................................................................

Are you:

- Male  ❑  Female

How old are you?

- 30 or under  ❑  31 – 49  ❑  50 – 64  ❑  Over 65

What is your ethnic group?

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Please contact the Patient Advice and Liaison Service (PALS) on 020 3317 3003 or pals.ncl@nclondon.nhs.uk if you need this document in a different language or format (e.g. large print).

You can find this form online at http://www.islingtonccg.nhs.uk/listening-to-you/consultations/proposals-for-out-of-hours-services-in-camden-and-islington.htm and send your completed questionnaire to:

Out of Hours Project / Communications Team
5th Floor
Stephenson House
67-87 Hampstead Road
NW1 2PL
Tel: 0207 685 6571
Email: out-of-hours-services@nclondon.nhs.uk
Appendix 6:

MEDIA RELEASE

Date: 27 March 2013
PR001513
New face-to-face out of hours GP services to be piloted in Camden

Residents of Camden are being asked their views on plans to pilot a face-to-face out of hours GP service. This pilot will offer more choice at convenient locations for patients and their carers.

NHS Camden Clinical Commissioning Group (CCG), who are responsible for planning, purchasing and monitoring many health services for local people, want local people’s input into the pilot so that they can improve and enhance the out of hours service in the borough.

Dr Caz Sayer, Chair of Camden Clinical Commissioning Group said:

“One way we think we can improve out of hours services for local people is by ensuring that if an out hours GP thinks a patient needs to have a face-to-face consultation then there are places available to do this closer to people’s homes.

“We want to hear what local people think. We will use what you say to help us to design the out of hours pilot so it can better meet the needs of local people.”

From 1 July, the CCG plans to pilot new out of hours GP services offering face-to-face consultations at the urgent care centres of Whittington Hospital and The Royal Free Hospital.

The service will be available from 6.30pm to 10pm on weekdays and 8am to 10pm on weekends and public holidays. The service will also continue to be provided from St Pancras Hospital after 10pm when the urgent care centres are closed.
The CCG is asking patients, residents and local doctors and nurses what they think. More information about the proposals can be found online at: http://www.camdenccg.nhs.uk/about/out-of-hours-engagement and comments can be submitted to out-of-hours-services@nclondon.nhs.uk until 19 April.

Patients can access GP out of hours services in Camden by calling the new NHS 111 phone number.

Dr Caz Sayer continued:

“When you call NHS 111, you will be assessed straight away by a call adviser. If you need an out of hours GP the service will organise a call back and an appointment to see a GP can be offered at a location of your choice (including a home visit if necessary) or an ambulance phoned if required.”

Notes to editors

• The CCG is asking for local people’s views on the proposals from 14 February 2013 to 19 April 2013. The deadline for feedback is 19 April 2013.

• At the end of the engagement period, a report will be produced identifying the themes and issues raised. The report will go to the Camden Clinical Commissioning Group in May 2013, and it will make the final decision, based on the feedback from the engagement process, on the shape and design of the new out of hours service which will be piloted locally.

• For further information please contact Erna Smit on out-of-hours-services@nclondon.nhs.uk

• For press enquires please contact Savaia Stevenson on 020 7683 4118 or Savaia.stevenson@elc.nhs.uk
Appendix 7 Papers: Overview and Scrutiny Committees

Camden and Islington

Camden

Proposals for changes to primary care face-to-face consultation services out of hours in Camden and Islington

1. Introduction

1.1 NHS North Central London proposes to run a pilot scheme from July 2013, which aims to increase access to local primary care face-to-face consultations for Camden and Islington residents when their doctors' surgeries are closed.

1.2 Under these proposals, if a Camden or Islington patient calls the 111 number when their GP surgery is closed and they are assessed as needing a face-to-face consultation; they will be given a greater choice of places to attend. Between 6pm and 10pm Mondays to Fridays and from 8am to 10pm at weekends and Bank Holidays, the 111 service will book them an appointment at the primary care out of hours service based at a local Urgent Care Centre (UCC).

1.3 After 10pm, seven days a week, the current primary care out of hours service base at St Pancras Hospital will continue to see the very few patients who need a face-to-face consultation.

1.4 It is important to note that these proposals apply only to patients who are well enough to attend a UCC or the St Pancras Hospital base. Housebound or very sick patients will still receive home visits as they do now.

1.5 Under the pilot scheme, patients who are assessed as needing follow-up face-to-face consultations out of hours will be fast-tracked through the UCCs. This means that these patients will be seen more quickly, as they will have booked appointments and will not need to be triaged by the UCC. To facilitate this, health care professional cover at the UCCs will be increased.

1.6 Additionally, basing the primary care out-of-hours services in UCCs means there will be easy access to on-site diagnostic facilities, which should improve clinical outcomes.

1.7 Subject to Health Scrutiny Committee’s agreement, NHS North Central London plans to undertake wide public engagement on these pilot scheme proposals between February and April 2013.
A. PILOT SCHEME PROPOSALS

1 The proposed pilot scheme links with Camden CCG’s and Islington CCG’s aim to improve out of hours care for local people, which has been under discussion by local GPs and LINks representatives during the past year.

2 Primary care out of hours services in Camden and Islington are delivered currently by Harmoni. NHS North Central London conducted a procurement process recently for local home visiting out of hours services for patients who are house bound, or very sick and provision of a primary care out of hours base for patients (St Pancras Hospital). Harmoni were successful in bidding for this tender and it is anticipated that this contract will start in July 2013.

3 NHS North Central London is now proposing to run a pilot scheme from July 2013 aiming to increase access to local primary care out of hours face-to-face consultations for Camden and Islington residents.

4 Under these proposals, if a Camden or Islington patient calls the 111 number when their GP surgery is closed and they are assessed as needing a face-to-face consultation; they will be given a greater choice of places to attend. Between 6pm and 10pm Mondays to Fridays and from 8am to 10pm at weekends and Bank Holidays, the 111 service will book them an appointment with a healthcare professional at an out of hours service base at the UCCs at Whittington Health or the Royal Free Hospital.

5 Between 10pm and 8am, seven days a week, healthcare professionals at the current primary care out of hours service base at St Pancras Hospital will continue to see the very few patients who need a face-to-face consultation.

6 It is important to note that this pilot scheme only applies to patients who are well enough to attend the UCCs or St Pancras Hospital. Patients who are house-bound or very sick will still receive home visits as they do now.

7 NHS North Central London considers these proposals be service additions:
   □ There is no primary care out of hours service located at the Royal Free Hospital currently, so this would be an additional access point for local people.
   □ The primary care out of hours service at the Whittington Hospital is currently separate from the hospital’s UCC.

8. A key element of these proposals is to pilot delivery of the primary care face to face consultation element of the out of hours service within UCCs. The benefits are expected to be that patients will be able to have a face-to-face consultation
closer to home, and will have access to additional services such as X-rays and diagnostic tests.

9. Evidence from the pilot scheme will be used to inform proposals and formal procurement processes for integrated unscheduled care services for Camden and Islington from April 2015.

A. WIDE PUBLIC ENGAGEMENT PROPOSALS
Who we plan to ask:
We plan to ensure that as many local stakeholders as possible have the opportunity to comment on these proposals, including:

- Camden’s Health Scrutiny Committee
- Islington’s Health Scrutiny Committee
- Health and Wellbeing Boards in Camden and Islington
- Local residents and patients
- Camden LINk
- Islington LINk
- Patient Groups linked to practices
- Individual Patients who actively use out of hours services locally
- GPs in Camden and Islington
- Local professional GP leadership, via the CCGs and LMC
- Clinical Directors in North Central London
- Local out of hours service providers
- Royal Free Hospital, Whittington Health and University College London Hospital
- Local community health services providers
- NHS North Central London Joint Boards, Camden CCG and Islington CCG
- Pharmacists

What we plan to ask:
Q1. Have you used the local out of hours service in the past three years? Yes, No (If yes, how many times?)
Q2. If you have answered yes, how would you rate the current service? Excellent, Good, OK, Poor, Very Poor
Do you have any comments about the current service you have used?
Q3. We would like to offer more choice of locations for face-to-face consultations with healthcare professionals out of hours. What do you think about this? Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
Q4. Would you like to see primary care out of hours face-to-face consultations at local Urgent Care Centres? 
   Yes, No
Q5. Is there anything particular you would like to see included in our proposed out of hours services at Urgent Care Centres?
Q6. Is there anything else we should think about to improve out of hours care locally?

How we plan to ask:
We plan to make a document detailing our proposals widely available. This document will explain how the proposed services are different from the current services and how they may affect stakeholders.
As part of this document, we plan to ask stakeholders for their views using the questions detailed above.
We plan to distribute this document widely between 14 February 2013 and 17 April 2013.

What we plan to do with the responses:
All the feedback and responses, plus any additional comments from stakeholders, will be collated and analysed.
A report will be produced identifying the themes and issues raised to go to Camden CCG and Islington CCG in May 2013.
Camden CCG and Islington CCG will make the final decision, based on the feedback from the consultation process, on the shape and design of additional face-to-face primary care consultation out of hours services to be piloted locally.
REPORT TITLE: Proposals for changes to primary care face-to-face consultation services out of hours in Islington and Camden

FOR SUBMISSION TO: Islington Health Scrutiny Committee

REPORT OF: 12 February 2013

SUMMARY OF REPORT
NHS North Central London proposes to run a pilot scheme from July 2013, which aims to increase access to local primary care face-to-face consultations for Camden and Islington residents when their doctors' surgeries are closed. Under these proposals, if a Camden or Islington patient calls the 111 number when their GP surgery is closed and they are assessed as needing a face-to-face consultation; they will be given a greater choice of places to attend. Between 6pm and 10pm Mondays to Fridays and from 8am to 10pm at weekends and Bank Holidays, the 111 service will book them an appointment at the primary care out of hours service based at a local Urgent Care Centre (UCC).

After 10pm, seven days a week, the current primary care out of hours service base at St Pancras Hospital will continue to see the very few patients who need a face-to-face consultation.

It is important to note that these proposals apply only to patients who are well enough to attend a UCC or the St Pancras Hospital base. Housebound or very sick patients will still receive home visits as they do now.

Under the pilot scheme, patients who are assessed as needing follow-up face-to-face consultations out of hours will be fast-tracked through the UCCs. This means that these patients will be seen more quickly, as they will have booked appointments and will not need to be triaged by the UCC. To facilitate this, health care professional cover at the UCCs will be increased.

Additionally, basing the primary care out-of-hours services in UCCs means there will be easy access to on-site diagnostic facilities, which should improve clinical outcomes.

Subject to Health Scrutiny Committee’s agreement, NHS North Central London plans to undertake wide public engagement on these pilot scheme proposals between February and April 2013.
Appendix 8 Minutes – Overview an Scrutiny Committees

Appendix 8: OSC papers submitted for Islington

12 February 2012 Islington Overview and Scrutiny Committee

Present: Councillor Martin Klute (Chair)
        Councillor Jean – Roger Kaseki
        Councillor Alice Perry
        Bob Dowd – Islington LINks

PUBLIC CONSULTATION AND ENGAGEMENT PLAN ABOUT PROPOSED CHANGES TO THE OUT OF HOURS GP SERVICES IN CAMDEN AND ISLINGTON (Item B3)
Eilis Killfeather, Programme Manager, NHS North Central London presented the report to the Committee, a copy of which is interleaved.
In the discussion the following points were made:

NHS London proposes to run a pilot scheme from July 2013, which aims to increase access to local primary care face to face consultations for Camden and Islington residents when their doctors surgeries are closed
Under these proposals, if a Camden or Islington patient calls the 111 number when their GP surgery is closed and they are assessed as needing a face to face consultation, they will be given a greater choice of places to attend. Between 6.00p.m. and 10.00p.m. Mondays to Fridays and 8.00a.m. to 10.00p.m. at weekends and Bank Holidays, the 111 service will book them an appointment at the primary care out of hours service based at a local Urgent Care Centre and after 10.00p.m. seven days a week the current primary care out of hours service base at St.Pancras Hospital will continue to see the few patients who need a face to face consultation. Housebound or very sick patients will still receive home visits
Under the pilot scheme, patients who are assessed as needing follow up face to face consultations out of hours will be fast tracked through the Urgent Care Centres. This means that these patients will be seen more quickly, as they will have booked appointments and will not need to be triaged by the Urgent Care Centre. To facilitate this, health care professional cover at the UCC will be increased and basing the primary care out of hours service in UCC’s means there will be easy access to on site diagnostic facilities, which should improve clinical outcomes
Public engagement on the pilot scheme was due to take place between February and April 2013
In response to a question about the quality of the 111 service and that this would not be provided by GP’s it was stated that the pilot schemes undertaken to date has shown that the service was clinically safe, however the current Islington contract had an additional triage GP component at present, which could be reviewed and taken out depending on how the scheme progresses
The Chair stated that he would wish to welcome and support the proposals and that the consultation process was an excellent one
It was stated that the Committee were carrying out a scrutiny review into GP appointments and
waiting times and it would be helpful if the CCG, could provide any information that could assist in formulating the recommendations. The Commissioning Group stated that they would be willing to discuss and inform the drafting of the recommendations in relation to the scrutiny review

RESOLVED
That the Committee support the wide public engagement plans for the proposed pilot scheme to increase access for local residents to primary care face to face consultations
Appendix 8: OSC papers submitted for Camden

WEDNESDAY, 20 MARCH 2013 AT 6.30 PM
COUNCIL CHAMBER, CAMDEN TOWN HALL, JUDD STREET, LONDON, WC1H 9JE

Enquiries to: Hannah Hutter, Committee Services
E-Mail: hannah.hutter@camden.gov.uk
Telephone: 020 7974 6065 (Text phone prefix 18001)
Fax No: 020 7974 5921

MEMBERS
Councillor John Bryant (Chair) (LD)
Councillors Paul Braithwaite (LD), Peter Brayshaw (L),
Maryam Eslamdoust (L), Georgia Gould (L), Adam Harrison (L),
Samata Khatoon (L) and Andrew Marshall (C)

SUBSTITUTE MEMBERS
Councillors Russell Eagling (LD), Thomas Gardiner (L),
Andrew Mennear (C), Abdul Quadir (L), Gillian Risso-Gill (LD),
Roger Robinson (L) and Jonathan Simpson (L)
L = Labour, C = Conservative, LD = Liberal Democrat, G = Green
Issued on: Tuesday, 12 March 2013
You can

PROPOSALS FOR CHANGES TO PRIMARY CARE FACE-TO-FACE CONSULTATION SERVICES OUT OF HOURS IN CAMDEN AND ISLINGTON

The Committee gave its consideration to a report of the Director of Housing and Adult Social Care.
Denise Babin, local GP and lead on scheduled care for the Camden Clinical Commissioning Group, introduced the report of NHS North Central London, in response to questions and concerns from the Committee the following points were made:-

- Harmoni would still provide the home visiting service, then there would be the three urgent care centres at St Pancras Hospital, Royal Free London and The Whittington Hospital;
- The consultation would co-inside with the launch of the 111 service. The soft launch would take place on 19th February 2013. When members of the public
contact their GP out of hours, they would be asked to contact 111 who will take all the patients details and refer them to Harmoni. All calls for Camden

**Health Scrutiny Committee - Wednesday, 13th February, 2013**

6

A project manager had been appointed to undertake the consultation. A plain English document would also be included with the consultation which set out clearly what an urgent care centre was;

- The remit of the Camden Clinical Commissioning Group (CCCG) meant that it was responsible for commissioning unscheduled care. Conflicts of interest would be managed through the CCCG’s constitution;

- From the patients perspective the system had to be seamless and joined up;

- University College London Hospital’s (UCLH) urgent care centre was developmentally behind which was unfortunate, that was why the urgent care centre for the south of the borough was located at St Pancras. UCLH would be added to the mix going forward;

- There would not be capacity for integrated pharmacy service in the pilot. However, patients needing drugs who attend an urgent care centre would be able to have access to them, as a stock of commonly used drugs were available to dispense, and if the patient required anything more than a small supply an appointment would be made for the next day; and

- In Harmoni’s contract there was a 5% cap each way on the number of patients their doctors could home visit. Criteria for home visits were set out in the contract. If the activity levels were exceeded, Harmoni would not get paid for the additional patients seen.

The Committee stated that in broad terms it was happy with the report and with more centres for patients to choose from. However the Committee highlighted its concerns in relation to communicating the consultation efficiently, to ensure that the documents did not presume that people had knowledge about the out of hour’s service or what an urgent care centre was.

**RESOLVED** -

THAT the report be noted.

**TO NOTE:** All
Appendix 9: Voluntary Action Camden

News From VAC

**Voluntary Action Camden e-Bulletin 1st March 2013**

Highlights: Last day to express in interest in being the lead partner for the new 50+ service. ‘Courier’ fraud warning to the elderly. Camden NHS out of hours service consultation. Deadline for Carers Trust Grants on Monday. Courses on ICT, Budgeting and becoming self-employed.

**NEWS**

Local Health Care in the NHS in Camden

**Camden and Islington Clinical Commissioning Groups** are planning to pilot an improved out of hours service for patients in the boroughs. This will see patients who require face-to-face consultations being given appointments with GP's based at the urgent care centres at the Whittington and Royal Free Hospitals - increasing patient choice and access to emergency treatment. Full details of the proposals can be found at [http://www.ncl.nhs.uk/have-your-say/consultations/out-of-hours-service](http://www.ncl.nhs.uk/have-your-say/consultations/out-of-hours-service) and we would welcome comments sent to [out-of-hours-services@nclondon.nhs.uk](mailto:out-of-hours-services@nclondon.nhs.uk) by 19 April 2013.
Appendix 10: Letter from the GP Patient Participation Group

James Wigg Practice PPG

Response to NHS North Central consultation on proposals for Out of Hours Services in Camden and Islington.

1. The paper describes the proposal to re-designate the existing ‘urgent care centre’ at The Royal Free hospital to be part of the out-of-hours service, joining the existing unit at The Whittington as well as the central unit at the old St Pancras Hospital.

2. The hours at the hospital units are to be 1830 to 2200 on weekdays, and 0800 to 2200 at weekends. These hours are useful, but we have experienced failures at the start times on a weekday as GP practices close, and the OOH service has not yet started. There should be an overlap.

3. The naming of these units is confusing, and the difference between an Urgent Care Centre and an Out of Hours Service is certainly not clear. The same name should be applied to all Out of Hours care in the area covered.

4. The consultation paper on p5 refers to “The opportunity for an appointment in advance…” Is the plan that appointments would be obligatory? Drop-in access should also be available.

5. On p5 in the list of ‘positive’ changes, is listed “Advice and support if you do not have a regular GP, to manage your long-term condition or other health needs.” This is very surprising, as it suggests that the OOH service becomes the GP for some regular patients, which seems quite contrary to the idea of providing an urgent service for out of hours care. As the opening hours are evenings and weekends, so the person with no regular GP will have extremely limited support. It would mean that ‘regular’ patients might take precedence over urgent residents who are registered with a GP. This idea should not be part of the OOH service.

6. We would prefer that local GPs staff any OOH service.

7. We want the OOH service to have some access to the GP records so that they have some idea of the medical history of each patient.

8. We want the OOH service to give better reports back to the regular GP service.

9. We have a low opinion at present of the out of hours service provided from the St Pancras base.

AL290313
Appendix 11: Letter from CEO University Hospital London

5 April 2013
Ms Alison Blair
Chief Officer
Islington Clinical Commissioning Group
338-346 Goswell Road
London
EC1V 7LQ

Dear Alison

RE: PUBLIC ENGAGEMENT ON PROPOSED PILOT TO ENHANCE OUT OF HOURS PROVISION FOR CAMDEN & ISLINGTON RESIDENTS

Thank you for your letter received on 27 March 2013 concerned your proposals to improve Out of Hours GP service.

I was very interested to read about your proposals and agree that they are a sensible and pragmatic way forward. I note that you are starting with pilot projects at the Whittington and Royal Free Hospitals and hope to extend this to University College Hospital in due course. We would be very happy to co-operate with this programme and to extend the service here following an evaluation of the pilot studies.

As you know we are currently in the process of evaluating our Urgent Treatment Centre here, having recently expanded it into new accommodation. This has, to a significant degree, taken the pressure off our main A&E Department and has been a significant contributory factor to our achievement of the 95% 4-hour target in Quarter 4 and for the 2012/13 financial year as a whole. It would be very useful to have a conversation with you when you are thinking about extending the service here and I would suggest that your first point of contact should be Dr Jonathan Fielden, Medical Director, or Dr Daniel Wallis, Clinical Director for Emergency Services.

May I wish you every success with your pilot studies – I am sure that this will be a positive step forward in the provision of Out of Hours GP services.

With best wishes

Yours sincerely

SIR ROBERT NAYLOR
CHIEF EXECUTIVE

Copies to:
Dr Caz Sayer, Chair of Camden Clinical Commissioning Board
David Cryer, Camden Borough Director
Dr Jonathan Fielden, Medical Director - Medicine
Dr Daniel Wallis, Divisional Clinical Director Emergency Services
Appendix 12: LMC Response

From: Nicola Rice [mailto:Nicola.Rice@lmc.org.uk]
Sent: 18 April 2013 09:54
To: Smit, Erna
Subject: Islington LMC comments on proposed pilot to enhance out of hours care provision for Camden and Islington residents

Dear Ms Smit

I am emailing to advise that Islington LMC members have considered the consultation document and would like to feedback the following:

The poor feedback results for Harmoni need to be considered. This has to be looked at carefully in the light of the problems with NHS 111 nationally as there is a risk of the same happening in London.

Many thanks
Nicola
Nicola Rice
Senior Committee Liaison Executive
Londonwide LMCs and Londonwide Enterprise Ltd
Phone: 020 7387 2034/7418 Ext: 230
Fax: 020 7383 7442
Email nrice@lmc.org.uk
Website: www.lmc.org.uk

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Use the free jobs section on the LMC website to advertise any vacancies in your practice.

Save Paper - Do you really need to print this e-mail?
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please accept our apologies and notify the sender.
Appendix 13: Patient Survey Results

The data in this section was provided by Harmoni patients being surveyed on a Saturday at both the Whittington Hospital and the St Pancras base. 40 questionnaires were handed out and 28 responded on the day. In addition, we have received 11 responses by post and e-mail. The total patient responses are therefore 39.

**Question 1**

Have you used GP out of hours service in the last year?

<table>
<thead>
<tr>
<th>Questions and analysis</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28</td>
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<tr>
<td>No</td>
<td>11</td>
</tr>
</tbody>
</table>

If yes, how many times have you used the service?

<table>
<thead>
<tr>
<th>Number of people responding to the question</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients not completing the section</td>
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</tr>
<tr>
<td>Total number of attendances</td>
<td>46</td>
</tr>
<tr>
<td>Average number of attendances per patient</td>
<td>2.1</td>
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<tr>
<td>Highest number of attendances per patient</td>
<td>10</td>
</tr>
<tr>
<td>Second highest number of attendances</td>
<td>8</td>
</tr>
</tbody>
</table>

* Patients who said no and patients who did not complete the question on number of past visits, were eliminated from the total of 39 patients seen. This resulted in 14 patients who visited the centre before.

**Question 2**

<table>
<thead>
<tr>
<th>Questions and analysis</th>
<th>Number of responses</th>
<th>% of total responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Good</td>
<td>14</td>
<td>36</td>
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<td>Poor</td>
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<tr>
<td>Very Poor</td>
<td>0</td>
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</tr>
<tr>
<td>not responded</td>
<td>13</td>
<td>33</td>
</tr>
</tbody>
</table>
Do you have comments on the service you have received?

- first visit waiting time was excessive, however, following visits have been much better
- The first line telephone support is not as quick as it could be
- I prefer going to Harmoni than A&E. It is faster and easier way in seeing a doctor
- I had to speak to various people before getting a final assessment and being booked an appointment. It was a bit complicated, otherwise a good service.
- I think the Harmoni services are very convenient. Always there to help people in the worst of scenarios
- Need to improve facilities i.e. Toilet walls and colour chairs
- efficient and good but surprised that my medical records were not accessible
- Of the 3 occasions that I contacted the out of hours service, the advice I received over the telephone was poor / incorrect
- Harmoni is superior to Cemeron’s ideas thoughts and intentions on privatisation
- Helpful and always call back
- 1. Found the service very impersonal and was not certain that one could rely on the advice given. 2. It is likely to be more satisfactory to speak to a GP
- As a carer for someone over 70 who needed to call the out of hour’s service, I would like to say that the new proposals look better if they are adequately staffed. We had to wait several hours and the medicine prescribed was later found to have been unadvisable for someone with dementia as he was.
- My story: One Thursday 11 pm I phoned Harmoni and was redirected to 111. I thought it was a mistake and redialed Harmoni. I was again connected to 111 and was asked the crudest of questions, which was not appropriate given the nature of my call. I was told a DR. would phone me back within the hour. I was complaining of chest pain and asthma and on immunosuppressants for rheumatoid arthritis. I was called back, but not by a doctor. I was given a choice to go to St Pancras or the Whittington. I chose to see the GP the next day. I saw the Harmoni GP the next day. I suggested that I had a viral infection and need steroids. Instead she prescribed a short course of antibiotics (though I just finished a 10 day course prior and said that I do not need steroids. My health got worse on Friday and Saturday. I phone NHS 111 on Sunday 6 am and again had to wait for a clinician to phone me back. The DR. could not answer my questions and put me in touch with a Harmoni GP. I was given an appointment at the Whittington for 10 am. The GP was confused about my condition. I requested an x-ray which he was unable to authorise. He was concerned about my condition and referred me to A&E. I spent most of the day there having tests and treatment for something I should have had on my first contact. I am asthmatic yet both Harmoni doctors failed completely to offer appropriate advice or treatment. I had a lot of contact with Harmoni and NHS 111 and was left distressed for 3 days with a very productive cough, lack of sleep and worry
- Efficient and well prepared. Doctor came with correct anti-biotics at 11.30

**Question 3**

We would like to offer more choice of locations for face-to-face consultations with healthcare professionals out of hours. What do you think about this?

<table>
<thead>
<tr>
<th>Questions and analysis</th>
<th>Number of responses</th>
<th>% of total responded</th>
</tr>
</thead>
<tbody>
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<td>Agree Strongly</td>
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<td>54</td>
</tr>
<tr>
<td>Agree</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Neither agree not disagree</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Disagree Strongly</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Not responded</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
82 % agree or strongly agree with the proposed changes

3 % strongly disagree, disagree or feel indifferent about the proposals

**Question 4**

Would you like to see primary care out of hours face-to-face consultations at local urgent care centres?

<table>
<thead>
<tr>
<th>Questions and analysis</th>
<th>Number of responses</th>
<th>% of total responded</th>
</tr>
</thead>
<tbody>
<tr>
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<td>82</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Dis not answered</td>
<td>5</td>
<td>13</td>
</tr>
</tbody>
</table>

Is there anything in particular you would like to see included in our proposed out of hours services at the urgent care centres?

**Question 5**

Is there anything in particular you would like to see included in our proposed out of hours services at the urgent care centres?

- Advertising the OOH service a bit more. I have been living in the area for 16 years and did not know about the St Pancras service.
- Better transport links is a good point as St Pancras Hospital is difficult to reach without a car.
- I think what the UCCs are doing is perfect
- not that I can think of
- I would like to see mobile call outs to avoid A&E
- Sharing of medical records. If the current service had my records, they could have given me my prescription, instead of needing an appointment - which uses up appointments available to others
- Fixed appointments to reduce waiting
- Friendly professionals who are not overworked. Australian general practice system of walk in surgery
- The patient still have a choice which they are able to use
- I do not believe the NHS consultation process is very efficient
- what matters is that in the case of a severe out of hours medical problem it will be possible to quickly speak on the phone to an appropriate person who can either arrange a home visit if the patient needs it or refer to a nearby urgent care centre if the patient is able to travel. And that the advice will be provided by properly qualified staff who are not employed by a profit making enterprise
- My experience has been both by phone and face to face. I prefer the latter because the professional has a better chance of assessing ones needs face to face. I phone after being unable to collect the content of a prescription on a Saturday when I found the chemist fulfilling the prescription was closed! The GP knew me and agreed to supply Thyroxine & Vagifem to accompany me on a 3 month trip outside the EU. I was due to fly on the Sunday. Another pharmacy phoned the emergency line receptionist & doctors repeatedly cited, robot - fashion that they could not give me the amount of medicine I required. If it was not for the pharmacist - listening to all this and me finally crying from
frustration - relenting and giving me what I required, I don't know what I would have done. I did not receive any emergency response on the phone

1. The single most important thing you can do to improve services is to provide a better standard of care by GPs
2. Make it easier to speak to a Doctor. Do not introduce additional layers. None of the call centre workers knew anything about my condition or my drugs which is dangerous.
3. Make it clearer in what you are offering. I do not know what a urgent care centre is or how you access it. It is not helpful to have different levels of service and different ways of accessing it.

- medication available, short waiting times

The proposals are already ambitious. Are there likely to be sufficient resources (finance and people) to deliver them? I suggest that changes are confined to those that can be fully resourced. This is better for patients than not being able to properly provide what is theoretically on offer. The disappointment of expectation is worse than knowing that something is NOT available. If something is not theoretically available, then you think how to deal with the problem in other ways.

- Not privatised services for out of hours, preferable staffed by local GPs care

**Question 6**

**Is there anything else that we should think about to improve out of hours locally**

- first contact on phone could be quicker
- Local GP Surgeries should consider more flexible opening times i.e. (not just Monday to Friday 9 - 5. Appointments a day in advance for non-urgent care - for instance, my DR. Surgery will only take bookings for appointments on the day and you need to ring before 10.
- not that I can think of
- The quality of advice given over the phone. NHS Provided a much better quality and friendly service
- Sign posts (Pharmacy for the blind and deaf) Internet information which is easy to access on 'Google' not 'ask' or 'Jeeves!
- Moorefield has a green line to its outpatient reception printed on the pavement -

- End of Q Comment: Please provide a respectful and humane and decent emergency response for me as a severely disabled, mentally ill person for 20 years and for the people of Holloway especially even if it is more mobile and in ambulances and cars and motorbikes - maybe doctors on ambulances rather than at the hospital as much. They will see more of the community
- shorter waiting time would be good
- I suffer from acute migraines and had to resort to A&E 3 times in the last year. Each time waiting 3 hours in acute pain and vomiting until I was able to be seen and put on a morphine drip. There should be a swifter service for migraine sufferers when normal migraines medications do not work.
- you need to relate out of hours care to in hours care because it is sometimes very hard to get in hours appointments and this can increase the likelihood of out of hours problems.
- Good telephone advice - short waiting times for doctors to phone back
- In view of current cut backs in the NHS - could you please explain how you are to fund the OOH service proposal 'Harmoni' (the present provider) Apparently undercut 'Camidoc' to acquire the contract and have appeared several times in the local papers for lack of care. If organisations like Harmoni (whose primary aim is profit) can undercut your 'proposal' cost -then I am afraid the NCB will accept their contract again, and your proposal will fail
About you

Are you

<table>
<thead>
<tr>
<th>Questions and analysis</th>
<th>Number of responses</th>
<th>% of total responded</th>
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<tr>
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Please tell us about the area where you live

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<tr>
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</tr>
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<tr>
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<td>18</td>
<td>46</td>
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Are you?

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<tr>
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How old are you?

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<td>31 - 49</td>
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What is your ethnic group?

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<td>3</td>
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