

North West London (NWL) Integrated Urgent Care

Summary of current findings of Equality and Health Inequalities Analysis

Overview

This Equalities and Health Inequalities Analysis was undertaken in 2015 & 2016 and refreshed in 2017 to assess the extent to which the new integrated urgent care service, with NHS 111 as the front door, will meet the public sector duty set out in the Equality Act 2010 and the Health and Social Care Act 2012 to remove or minimise disadvantages suffered by people who fall under the 'protected characteristics'; to propose recommendations and actions to meet their needs more fully; and to support the CCGs in meeting its separate legal duties on Equality and those on Health Inequalities. This analysis was undertaken using both quantitative and qualitative information from a range of sources.

The scope of the Equality and Health Inequalities Impact Assessment (EHIA) covers Brent, Central London, West London, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow and Ealing Clinical Commissioning Groups (CCGs). Appendix 1 details all NHS 111 engagement events held across the geographies of these CCGs. Further engagement across NWL will be carried out over the next two years of the pilot.

Objectives of the analysis and on-going programme through the two-year pilot:

1. Examine how services users that fall within the protected characteristic groupings access NHS 111, Urgent Treatment/Care Centres (UTC/UCC), GP Out of Hours (OOH), and other urgent care services using both NHS 111 data (telephony and on-line), continuing local engagement, current local and national patient surveys /pilots, other local STPs and other sources of information and intelligence;
2. Develop a set of recommendations that will be, where relevant and affordable, be included in the service specification for the procurement in 2019 and that the procurement documents to meet the Equality Duty.
3. Assess the impact of the new integrated urgent care service in reducing inequalities and advancing equality of opportunity for those service users that fall within the protected characteristic groupings through the Quality reporting of the two (2) year pilot and the service once commissioned

Analysis findings to date

The full North West London (NWL) Integrated Urgent care (IUC) Equality and Health Inequalities Analysis document has been developed and will continue to be populated throughout 2018. This work will be led by the Patient engagement sub-group of the NWL Integrated Urgent Care Board, supported by the eight (8) member CCGs and will draw on local and national pilots, other CCGs and patient engagement both locally and nationally.

Final recommendations will be included in the full business case, presented to the CWHHE investment committee and the each of the three (3) BHH procurement boards in Q4 2018/19, prior to the commencement of the procurement in Q1 2019/20.

Key themes from focus group's held and patient feedback

<p>Access </p> <ul style="list-style-type: none"> • Provide a one call service whenever possible • Patients only have to give their information once • Establish direct transfer to pharmacy and dental advice and assessment • Increase referral and rapid access to hospital specialists • <i>Expand the different entry points including telephones, on-line, Skype, face time, text messaging, phone apps and chat line</i> • <i>Confirm appointment times and location by text/email.</i> 	<p>Technology </p> <ul style="list-style-type: none"> • Increase the number and use of special patient notes by all urgent and emergency care services • Transfer of records from one service to another seamlessly • Use cloud based platforms for record keeping and sharing • Keep records up to date • Expand and continuously update the Directory of Services • Design KPIs to measure outcomes as well as numbers of calls and outputs. • <i>Information on callers to NHS 111 sent to their GP</i> 	<p>Workforce </p> <ul style="list-style-type: none"> • Increase direct referral and access to professionals across the health and social care system. • Analyse data on the use of NHS 111 use and match predicted demand with staff rotas • <i>Design the workforce based on skills, capability and capacity</i> • <i>Provide continuous training, supervision, reflection and learning for all health and clinical advisers</i> • <i>Staff could rotate between NHS 111, Out of Hours and Urgent Care Centres</i>
<p>Communication </p> <ul style="list-style-type: none"> • <i>Promote NHS 111 wherever possible such as in pharmacies, GP practices, supermarkets, dentists, opticians, podiatrists, urgent care services</i> • <i>Promote NHS 111 in public places, schools and universities, community centres, and entertainment outlets</i> • <i>Include the NHS 111 number on all dispensing packaging</i> • <i>Include the NHS 111 number on relevant correspondence with patients</i> • <i>Notify patients about the NHS 111 service on discharge from hospital or an urgent care service.</i> 	<p>Service Integration </p> <ul style="list-style-type: none"> • Develop joint commissioning across NHS 111, Out of Hours and Urgent Care • Funding for services should be distributed in response to the new models of care • Provider networks should specify the role and expectations of NHS 111 • Integration can be driven through the GP networks and the development of new models of care i.e. diabetes management • <i>Focus on patient-centred care with co-designed packages of care</i> 	

Bold = High or National Priority
 No formatting = Medium or Local Priority
Italic = "Nice to Have"

Patient specific feedback on what they would like the service to deliver

1. Clarity, advertising and education efforts on the service and targeted advertising/engagement with minority cohorts who may face difficulties with access. (hearing impairment, English not 1st language, other disabilities, carer's)
2. Focus on direct access to clinicians and the ability to be booked into appointments where clinically appropriate.
3. Call handlers to have access to patient records, but with effective permission/confidentiality processes in place.
4. Healthcare problems addressed within a singular call.
5. No need to repeat information or answer unnecessary questions.
6. Direct access to mental health specialists, talking therapies and crisis management.
7. Patient transport services for access to urgent care where a face to face appointment is needed
8. To address language barriers.
9. Integration with pharmacy with the ability to receive and have prescriptions issued to a local pharmacy out of hours.
10. To keep local services such as GPs updated with patient progress.

11. Knowledge of local services and waiting times.
12. Increased access through other means (video messaging and apps).

Recommendations and how these will be addresses in the two (2) year pilot and in the service specification for the procurement

Equalities

Equality Data

1. The service specification, contract and the quality and key performance indicators to include that the provider has in place systems to capture data to obtain baseline information for the protected characteristic groups and to continue to evaluate the impact of the service in meeting the Equality Duty.

How will be addressed

This will be addressed through the KPI monitoring within the contract and as part of the monthly information schedule. The Patient Experience and Equalities engagement teams and the Patient reference group will review the service specification and the KPIs to ensure that this data collection is included. This will be reviewed at the Quality meetings with the provider

Disability

2. To include in the service specification, contract and key performance indicators for providers to develop and evaluate the effectiveness of existing and new technologies to improve access to the service for service users.

How will be addressed

This will be addressed through the contract as part of the quality data submittal with a quarterly reporting cycle. This is commonly referred to as "horizon planning" or "horizon review".

We will also be working closely with the local, London specific (HLP) and national team's, who are funding and developing pilots informed by the national patient questionnaires' and reviewed by University of Sheffield.

An example of this is the national engagement with the British Sign Language services and a video relay (allowing video link into NHS 111 element of the service) information schedule.

3. Contracts, frameworks, and performance management arrangements with provider bodies enable and promote the Accessible Information Standard requirements. They must also receive assurance from providers that they are compliant with the standard.

How will be addressed

This will be addressed through the KPI monitoring within the contract and as part of the monthly information schedule. The Patient Experience and Equalities engagement teams and the Patient reference group will review the service specification and the KPIs to ensure that this data collection is included. This will be reviewed at the Quality meetings with the provider

Mental Health and other alternative care pathways (ACPs) and services

4. CCGs to ensure that the Directory of Services (DOS) reflects Mental Health local Crisis Concordat action plans.

How will be addressed

As part of the IUC programme the DOS is already being updated and there is a continual programme to ensure that the reference data within the DOS is kept up to date and the priority set as which services in which CCGs patients are booked into/directed to.

Through the IVR (choice menu) there is an NWL/NCL mental health line already operational covering the tri-borough and there is an ONWL mental health line being used (in pilot phase at present with agreement from all parties). Therefore for pilot launch in 2018, we expect the IVR and patient choice to be the same across the 8 CCGs

For Alternative Care Pathways (ACPs) The DOS and programme teams have already undertaken a review of all commissioned urgent care services that are across NWL, in order to understand fully the scope of what has been commissioned and to ensure that these services can be booked/patient transferred by the IUC service to the most appropriate care setting.

Calls using these choices will be monitored through the contract management and quality meetings

5. Providers and CCGs' marketing of the IUC Service is advertised to make the service accessible for those with mental health problems and to emphasise that it is a service for both physical and mental health problems.

How will be addressed

This will be addressed through the patient reference group and through the central engagement teams. These messages are part of the co-ordinated campaigns led by the central communications team and includes all access (extended access, UCC/UTCs, NHS 111)

There is on-going engagement with specific user groups through the CCG regular communication channels, which is reported through the NWL IUC board by the communications team membership of the board.

6. To improve the training and competency of call handlers to manage callers with a mental health need and/or experiencing a mental health crisis effectively through increasing awareness of mental health conditions and empathy. Working with the new IUC workforce models.

How will be addressed

This is being addressed through the national NHS 111 workforce model that has been developed in conjunction with Health education England. NWL bid for and were awarded additional funding to review the call handler (Health advisor) training across NWL, across both providers. This review is currently on-going and will continue through the pilot, as the national team continue to develop the NHS 111 workforce model

Ethnicity

7. For providers to evaluate the effectiveness of Language Line (the translation serviced used by NHS 111) and work to increase access and service user experience and uptake, for users for whom English is not their 1st language.

How will be addressed

This will be addressed through the specific collection of all service users, who utilise this functionality and through KPI monitoring within the contract and as part of the monthly information schedule.

The Patient Experience and Equalities engagement teams and the Patient reference group will be developing engagement strategies, across NWL and with especially for ONWL where the BAME are highest

Gender

8. CCGs and providers to undertake targeted communication and marketing of the NHS 111 service with male and older populations to increase uptake.

How will be addressed

This will be addressed through targeted campaigns and through the NHS 111 on-line capability. The collection of data and the age ranges are part of the standard data set available from the providers and the NWL data warehouse, which collects all activity data.

The Patient Experience and Equalities engagement teams and the Patient reference group will develop campaigns in conjunction with other STP messaging to ensure consistency in approach

Religion/Faith

9. For NHS 111 clinical staff to make use of care plans and end of life plans, and for training programmes to raise awareness of the different religious customs of service users that might impact these care plans.

How will be addressed

Through the Co-ordinate my Care (CMC) these plans are already available and are accessed by NHS 111 and the OOH/UTC services.

These will be further expanded to tag the callers main or regular numbers/ on line choices to automatically direct the call to a Clinician with access to that care plan, once the patient has made a choice early in the call/on line engagement, that they are contacting the service about. Where the call is about that condition and they have consented to those records be accessed. We have named this as "personalised IVR" choice, as the menu choices will be based on each callers plan.

Where the caller not calling from a known number, the same choice exists once the patient has undergone a patient demographic check (PDS) and their NHS number is known

Carers

10. NHS IUC staff to fully involve carers in care and treatment advice given to service users with the use of the Telemedicine pilot across the 8 CCGs.

How will be addressed

*This will be addressed through the telemedicine pilot, with initially carers using the ability to dial *6 at the start of the call, to be “warm transferred” or called back by a Clinician*

To reduce health inequalities

11. NHS IUC staff working in the ‘Clinical Hub(s)’ will maximise opportunities to provide health and where possible social care advice to help service users to self-manage their health conditions and provide health promotion information e.g. smoking cessation services, health screening, and drug and alcohol support.

How will be addressed

This will be addressed through the self-care options following a call/on line interaction with the service. The service will have access to the NWL patient literature (digitally and in paper format) and the service can arrange for that information to be made available to patients and carers.

After each call there is a post event message sent to the patient’s registered GP surgery in other that the primary care provider is aware of the interaction and information supplied

12. The providers of the new integrated urgent care service will have education and training for staff that includes the health inequalities and priorities for NWL that impact on health promotion messages.

How will be addressed

This is being addressed through the national NHS 111 workforce model that has been developed in conjunction with Health education England. NWL bid for and were awarded additional funding to review the call handler (Health advisor) training across NWL, across both providers. This review is currently on-going and will continue through the pilot, as the national team continue to develop the NHS 111 workforce model

13. NWL CCG Commissioners to work with other CCGs to ensure that the clinical pathways and access to services for patients are the same for service users that live on CCG boundaries.
How will be addressed

How will be addressed

As part of the IUC programme the DOS is already being updated and there is a continual programme to ensure that the reference data within the DOS is kept up to date and the priority set as which services in which CCGs patients are booked into/directed to.

Through the IVR (choice menu) there is an NWL/NCL mental health line already operational covering the tri-borough and there is an ONWL mental health line being used (in pilot phase at present with agreement from all parties). Therefore for pilot launch in 2018, we expect the IVR and patient choice to be the same across the 8 CCGs

For Alternative Care Pathways (ACPs) The DOS and programme teams have already undertaken a review of all commissioned urgent care services that are across NWL, in order to understand fully the scope of what has been commissioned and to ensure that these services can be booked/patient transferred by the IUC service to the most appropriate care setting.

Calls using these choices will be monitored through the contract management and quality meetings

14. CCGs to ensure that the Directory of Services is continually updated and includes a wide range of health, social care and voluntary sector services to ensure service users are able to maximise use of organisations that can support patients to manage their health and social care needs more fully.

How will be addressed

As part of the IUC programme the DOS is already being updated and there is a continual programme to ensure that the reference data within the DOS is kept up to date and the priority set as which services in which CCGs patients are booked into/directed to.

This programme of regular update to the DOS has traditionally included healthcare services and will be expanded through the pilot to include voluntary sector and social care services data that the Health Advisors or the last person to talk the patient/carer can access the DOS to give this additional information. This service development will likely be subject to additional funding and any request will need to be approved the by CCGs F&P committees.

For Alternative Care Pathways (ACPs) The DOS and programme teams have already undertaken a review of all commissioned urgent care services that are across NWL, in order to understand fully the scope of what has been commissioned and to ensure that these services can be booked/patient transferred by the IUC service to the most appropriate care setting.

Calls using these choices will be monitored through the contract management and quality meetings

15. CCGs to undertake targeted marketing of the NHS 111 (IUC) and NHS 111 Online (IUC) service to those groups who will benefit most from a nonstandard route of access.

How will be addressed

This will be addressed through targeted campaigns to these user groups and through the NHS 111 on-line capability. The Patient Experience and Equalities engagement teams and the Patient reference group will develop campaigns in conjunction with other STP messaging to ensure consistency in approach

There will be specific and targeted campaigns to engage with the specific groups such as BSL, following the national pilots.

The collection of data and the age ranges are part of the standard data set available from the providers and the NWL data warehouse, which collects all activity data.

16. CCGs to evaluate language accessibility of NHS 111 Online triage pilot and if possible, introduce additional language options.

How will be addressed

This will be addressed through the specific monitoring of NHS 111 on-line capability and the access routes that users utilise. INWL has one provider and ONWL another provider for the two year initial contract. The services will be reviewed through the period and a separate procurement (possible across London) will then be reviewed by the 5 STPs to select a provider across London and review the requirement for multi-language capability for the NHS 111 online triage tool

The Patient Experience and Equalities engagement teams and the Patient reference group will review the NHSE questionnaires and user feedback.

17. CCGs to consider including 111 Online training as part of their provision for digitally excluded service users.

How will be addressed

There are no current plans for this, but NWL in conjunction with HLP could look to utilise the wide array of on-line training offered free by commercial entities (Barclays Digital Eagles, Lloyds training)

18. Access to patients notes in other that they do not repeat themselves

How will be addressed

Through the current system, the patients Summary care record (SCR) is available to the Clinician as are a number of special patient notes (SPNs such as Co-ordinate my Care (CMC) which are controlled by the patients GP and/or primary care provider)

There are a number of SPNs already available and are accessed by NHS 111 and the OOH/UTC services.

These will be further expanded to tag the callers main or regular numbers/ on line choices to automatically direct the call to a Clinician with access to that care plan, one the patient has made a choice early in the call/on line engagement, that they are contacting the service about. Where the call is about that condition and they have consented to those records be accessed. We have named this as "personalised IVR" choice, as the menu choices will be based on each callers plan.

Where the caller not calling from a known number, the same choice exists once the patient has undergone a patient demographic check (PDS) and their NHS number is known

At the end of a call, where the patient is booked for onward care (in a face to face setting) or for a call back, the record of the conversation and the questions answered (on the telephone or on line) is send electronically to the receiving organisation/Clinician, so that that are aware of the patient's condition and any relevant primary care notes or care plan that this in place.
