NOTES/MINUTES FROM CENTRAL LOCALITY 26th March 2015

LIVING WITH A LONG-TERM CONDITION
Julie Atkins from Whittington Health sends apologies. Presentation cancelled due to ill health.

Out of Hours (OOH)/111 SERVICES
presented by Kath McClinton and David Davies of Islington Clinical Commissioning Group (CCG).

Currently there is lots of engagement (12 meetings scheduled including at these locality meetings), where the CCG is presenting intentions and aims of procurement process and gathering feedback. After the end of March a report will come out addressing questions and reflecting conversations had. This will be presented as part of the tender/procurement process.

**Queries and comments** from the floor:

**How is the budget the CCG has to purchase services going to change against what there is already?**

A. Currently the two services OOH and 111 are separate. The demand for both has gone up. Trying to bring them together will be more expensive, as will having a high GP input to give a consistent service, but the CCG believes this is money well spent. Also the CCG wants to have a flexible contract to be able to adjust to needs.

**Is the budget for these services greater or smaller?**

A. The budget will be the same but more money from the general pot will go to this service; it will be better and there will be more doctors. Every year the CCG gets an allocation based on changes to Islington’s population.

**For people with little/no speech or hearing there seems to be no non-standard service. Text seems to be a sensible choice**

A: Type-talk is old technology there are newer and better platforms eg language line with instant 3-way interpretation. These type of specialised services will be in the specification but they will cost. The CCG will try to get the best value for money.

**There are concerns about where the OOH service is located.**

A: The urgent care service needs to be re-procured in 2017 and the 111 service in 2016; this in itself is a problem. It is more cost-effective to have one big centre rather than several smaller centres.

**The service seems to be risk averse. For older people or those with complex needs you tend to be sent to hospital unnecessarily.**

A. 111 staff have completed a 12-week course; they are not qualified clinicians. A good GP can tell what is appropriate over the phone but the wrong decision can be very serious… and also people live longer and have more complex needs so care is more complicated.

**What service will get less money if more spent on 111/OOH?**

A: not one thing. Regardless of re-procurement we would have had to spend more money (because of population changes). Money will be shaved here and there eg developing care in the community rather than looking to hospitals to provide the care. Service delivery if it works properly will save money and make a better service.

Summary of table-top discussions included:

* are 111 staff properly trained, must be in future?
* with the new Harmony contracts - patients need to be involved in meetings.
* what has been learned positive and negative about current contract that can be taken forward
* It is good to have a range of medical professionals available eg pharmacists, mental health etc
* Out Of Hours location – must not mean too long a journey for Islington residents.
* 111 supposed to be signposting with a directory of services and should continue to do so

All table-top comments and suggestions will be collated and sent to PPG group members.

ANY OTHER BUSINESS

It was asked if patients wanted the meeting length to be reduced.

* 6 wanted shorter sessions ie 2 hours, 3 to keep at same length ie 2.5 hours, but there was strong feeling meetings should not be shorter than 2 hours.