



Northern, Eastern and Western Devon
Clinical Commissioning Group



*South Devon and Torbay
Clinical Commissioning Group*

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Your new integrated Out Of Hours GP service and NHS111 telephone helpline service

Frequently asked questions

1. What is the Out Of Hours (OOH) service?

The OOH service is a GP service that works outside normal GP working hours. OOH GPs can give telephone consultations, face to face consultations at treatment centres or face to face home visits for people whose health needs cannot wait until their usual GP surgery is open.

2. What is the 111 service?

NHS 111 is a service that helps all people with urgent health care needs get the right advice, in the right place, first time. Many patients who need urgent healthcare get this at their GP practice and this is still the first port of call for the majority of patients. For those patients who can't go to their own GP; for example, because the practice is closed or they are away from home, then the NHS 111 telephone line will be the main way to get urgent care services.

NHS 111 is a free telephone number available across England, 24 hours a day, and 365 days a year. 111 advisors are supported by doctors or other health professionals who provide specialist advice when needed. NHS 111 can refer people on to any service provided by the NHS as long as the person is able to get to the service they are referred to. **People with a medical emergency should call 999.**

3. Why are these two services being integrated?

OOH and 111 services are closely linked and bringing them together will ensure a better service for patients and gets them the right advice or help from the right person, at the right time. The new joined up service includes something called a clinical assessment service (a service providing advice from doctors) which will support people to get quicker more appropriate help when they need it.

4. Who is the new provider of the integrated OOH/111 service?

The new provider of this joined up service is Devon Doctors which provided the previous OOH service. This means that they have a lot of knowledge about the patterns of care and the needs of people in Devon. Devon Doctors are working with a company called Vocare, who will provide the 111 telephone service and which already provides similar services across the country, in the North East, London, Staffordshire and Somerset.

5. What is a treatment centre?

A treatment centre is a place where a GP can meet patients who have been referred to them because they need medical help out of normal GP working hours. Patients are advised to go to a centre and then will wait there until a GP is able to see them. The GPs based at treatment centres also provide telephone consultations and home visits. At the moment patients are not given an appointment time and this means that they may have to wait a long time to see the GP.

6. How many people are referred to treatment centres?

Six out of ten people calling NHS 111 are helped through telephone consultations and only one in four needs a face to face appointment. Of those who need a face to face appointment, some will be advised to go to a treatment centre and others will be visited at home.

7. Who would refer me to the treatment centre?

Only people who have called NHS 111 for advice on their medical problem would be referred to a treatment centre – it is not a walk-in service.

8. Where are the treatment centres?

Treatment centres are located all across the county. In some areas they are based in Minor Injury Unit (MIU), in others at the community hospital; other locations can also be used where these are not available, such as GP practices or main hospital sites.

9. What would I be referred to a treatment centre for?

People would only be referred to a treatment centre out of normal GP working hours when they are assessed as needing to see a GP face to face. People might be referred to get help for problems arising from illnesses like arthritis or asthma or symptoms like back pain, stomach ache or vomiting.

10. Aren't treatment centres and Minor Injury Units the same thing?

No, they are not the same thing. People are only seen at a treatment centre if they have been referred there by NHS 111 because they need to see a GP. MIUs only deal with minor injuries and anyone can walk-in without an appointment if they need this kind of care.

11. Is the minor injury unit in Exmouth closing?

No it is not, the service will continue to run from the Exmouth hospital.

12. Are the opening hours at Exmouth Minor Injuries Unit changing?

No, the opening hours will remain the same.

13. Will Exmouth minor injury unit have a GP based there at weekends?

No there will not be a GP based at the unit. If you have rung 111 because you need to see a GP out of normal opening times, then NHS 111 advisors have three options: they can arrange for a GP to call you on the phone, you can be given an appointment to see a GP at a treatment centre, or you will have a home visit from a GP. In most cases if you need to be seen at a treatment centre this will be at Exeter.

14. Do the changes leave minor injury staff without GP support?

No nursing staff can liaise with GPs in the practice during the week (as they do now) and over the weekends they can speak to a GP on the phone.

15. Why are you stopping GPs providing medical cover to the hospital?

We are not stopping this. Devon Doctors will continue to provide the service but we have asked the organisations responsible for managing the hospitals to consider if the current model of medical supervision is correct or needs changing. This review will happen in the next six months so nothing will change until this has been done.

16. Why are you closing our treatment centre?

As commissioners, we have to make sure that we spend public money wisely and that the services we commission are the best we can afford.

Some of the treatment centres across Devon have very few people referred to them and this means that we are not making the best use of the GP or nurse's time. In those areas where treatment centres are not well used, not basing GPs and nurses in a centre means they can do more telephone consultations and home visits because they do not have to staff a treatment centre.

17. How many treatment centres are you closing and which are these?

At the moment, Devon has 15 treatment centres. When the new service starts on 1 October 2016, this will be reduced to nine. The six places that will not have a treatment centre are:

- Bideford
- Dawlish
- Exmouth
- Holsworthy
- Paignton
- Tavistock

18. Does this mean people in and around those towns will have to travel to a centre somewhere else?

If a person is able to travel then, yes. If someone from one of these towns or surrounding areas is offered an appointment at a treatment centre, they will travel to one in a town that is no more than 30 minutes travel time away from their home. The remaining centres are in:

- Barnstaple
- Exeter
- Honiton
- Okehampton
- Tiverton
- Newton Abbot
- Torquay
- Totnes
- Plymouth

If it is more convenient for you, then you may be offered appointments at a treatment centre outside Devon, for example at Stratton, Launceston or Minehead.

19. Will I be able to have a home visit?

Yes, if after talking to you the NHS 111 clinical (GP) advisors feel you need a home visit then they will arrange this for you. A need for a home visit can be because you have either health or social care needs or both and this might include the fact that you are unable to get to a treatment centre. With GPs less tied to treatment centres they will have more time to make home visits.

20. What public involvement has there been?

Public involvement has been carried out by NEW Devon CCG.

Representatives from Healthwatch helped to draw up the specification for the service and public representatives from across Devon were involved in choosing the provider of the new integrated OOH/111 service.

Involvement in the development of the model proposed by the new provider was carried out by Devon Doctors.

21. Why are these changes being made?

Bringing NHS 111 telephone services and the Out of Hours GP service together in Devon is as a result of national guidance from NHS England on how these services should be delivered in the future. NEW Devon CCG and South Devon and Torbay CCG worked with medical staff and members of the public to describe what the new OOH service should provide (service specification).

In designing the new service it was recognised that Devon currently has more treatment centres compared to other CCGs with similar populations and geography and that some centres do not see many people. Part of the decision-making process was a review of how much the Out Of Hours service

and the NHS 111 service is used and this included information on numbers of patients currently seen in each treatment centre. As a result of this, the total number of treatment centres has been reduced.

This reduction also means that the new provider can make better use of the GPs and nurses who were based at these centres and provide patients with booked appointments at the nearest centre. As far as possible, the specification requires these nearby centres to be no more than 30-minute travel time away.

22. How many people will be affected by these changes?

Over 50,000 people are expected to be seen in face to face treatment centres across Devon throughout the year. We estimated that approximately 5,000 of these people may be affected by the change. To balance this, Devon Doctors have already committed to increasing the proportion of home visiting they undertake to support people who are unable to get to the different locations. Taking this into consideration we anticipate less than 1,900 people will have to travel to a different place (about 35 people per week throughout the county).

23. Can I influence this decision in any way?

The model of treatment centre locations has been recommended by the new provider, Devon Doctors, who are responsible for making sure that they can provide the right number of staff to deliver the right service and do this within the agreed budget. The views of the public and clinical staff are that the OHH service should be 'GP rich' as this provides a better service. This has been accepted by commissioners and the contract awarded. However, as with all services the CCG will listen to patient feedback on the new service as part of the routine contract monitoring the CCG does. The CCG has requested that Devon Doctors collect information on how the changes affect people's experience of the service. We would expect Devon Doctors to regularly review how they deliver this service and make changes if this is needed.