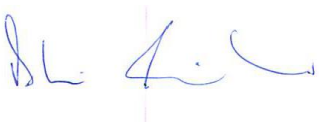
Equality Analysis

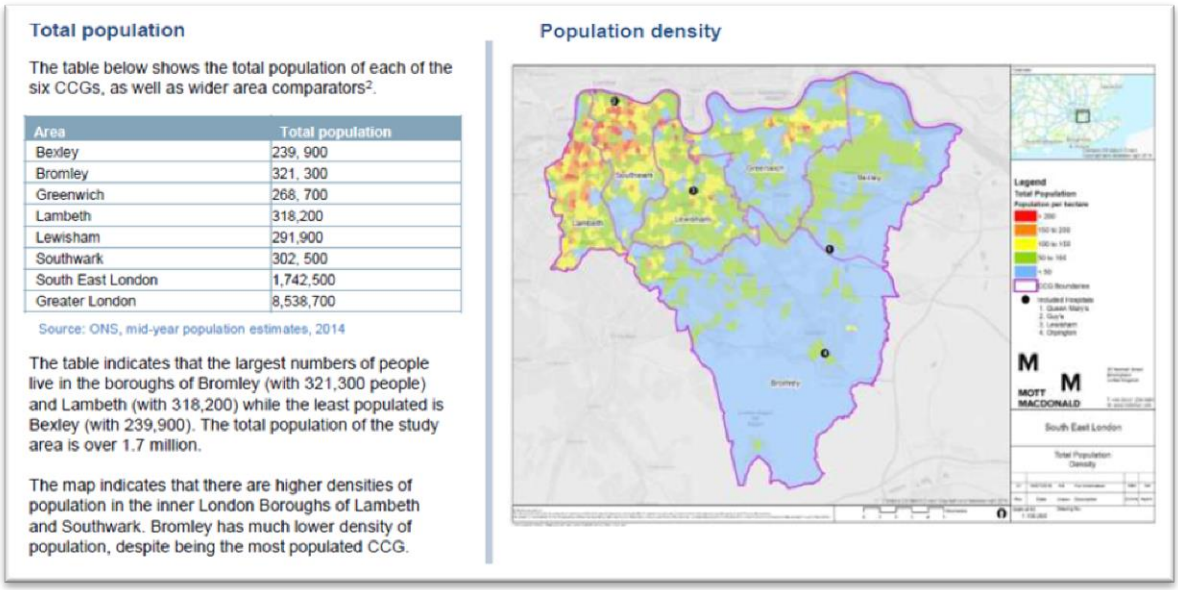
Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	Bromley CCG (on behalf of South East London CCGs)
Name of the policy, function or service development being assessed:	South East London Integrated Urgent Care Service
Is this a new/existing/revised policy, function or service development?	Revised service (building on the 111 pilot)
Briefly describe its aims and objectives:	Access point for patients to urgent care and advice.
Analysis Start Date:	18th April 2016. Updated 12th – 23rd October 2017.
Lead Author of Equality Analysis:	Claire Goodey, SEL 111 Contract and Service Redesign Manager
Name of Reviewer in NELCSU EDI Team:	Emdad Haque, Senior Equality, Diversity and Inclusion Manager and Valerie Richards, Equality, Diversity & Inclusion Manager
Date Approved by NELCSU EDI Team	 Valerie Richards, Diversity & Inclusion Manager, NELCSU 23rd October 2017
Have any financial or resource implications been identified?	Yes
Date of Executive Management Team/Governing Body Meeting where the Equality Assessment was ratified:	Throughout November 2016. Will go back to Governing Bodies in November 2017.

Introduction

The national concerns around emergency care have been seen as a stimulus and opportunity to examine how services can be organised better to serve patients and carers in South East London (SEL). This document lays out SEL-specific findings to ensure the Integrated Urgent Care Service is meeting local populations' needs to ensure there is equal access to the right services for callers' needs.

Total Population

South East London has 1.77m inhabitants and is expected to grow to circa 1.86m by 2021.



Total population

The table below shows the total population of each of the six CCGs, as well as wider area comparators[2].

Area	Total population
Bexley	239, 900
Bromley	321, 300
Greenwich	268, 700
Lambeth	318,200
Lewisham	291,900
Southwark	302, 500
South East London	1,742,500
Greater London	8,538,700

Source: ONS, mid-year population estimates, 2014

The table indicates that the largest numbers of people live in the boroughs of Bromley (with 321,300 people) and Lambeth (with 318,200) while the least populated is Bexley (with 239,900). The total population of the study area is over 1.7 million.

The map indicates that there are higher densities of population in the inner London Boroughs of Lambeth and Southwark. Bromley has much lower density of population, despite being the most populated CCG.

Population density

(Mott MacDonald, 20161)

The following characteristics are shaping local demand for urgent and emergency care services:

Age

Increasing older population: South East London has a slowly increasing older population; frail elderly residents often live alone and may be isolated. This can result in patients presenting at ED and/or requiring ambulance services, even if their presenting medical condition could be managed at home if the necessary support was in place in the community. The IUC service must ensure appropriate and personalised care is provided for patients of all ages and those that they care for. Access to care plans will enable the IUC CAS to provide, or arrange, more appropriate care for those with long-term conditions, those in need of palliative care and those that care for others, such as their spouses.

1 Equalities Analysis, NHS South East London, Scoping Report, July 2016, Mott MacDonald

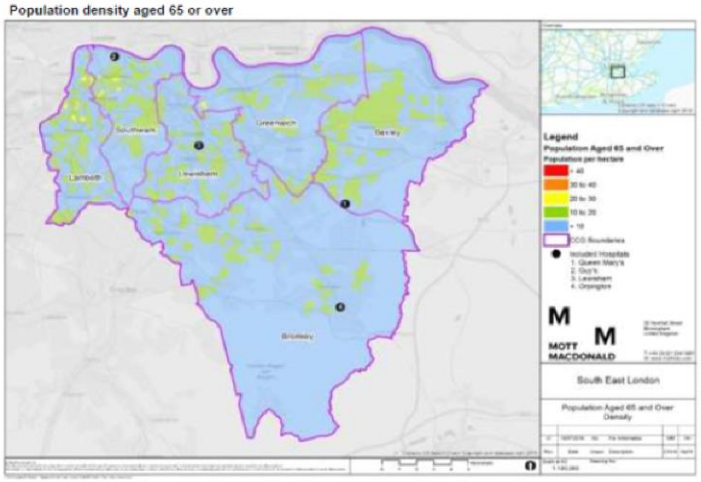
Population aged 65 or over and 75 or over

Area	Aged 65 and over	%	Aged 75 or over	
Bexley	39,800	17	19,600	8
Bromley	56,300	18	27,300	8
Greenwich	28,200	10	12,700	5
Lambeth	24,800	8	11,400	4
Lewisham	27,400	9	12,900	4
Southwark	24,000	8	10,800	4
South East London	200,500	12	15,800	5
Greater London	982, 900	12	459,100	5

Source: ONS, Mid-year Population estimates, 2014

The analysis shows that Bromley has the highest volume of those aged 65 and over and those aged 75 and over. Bromley has significantly more older people than any of the other CCGs. Bexley also has high volumes and proportions of older people.

Population density aged 65 or over



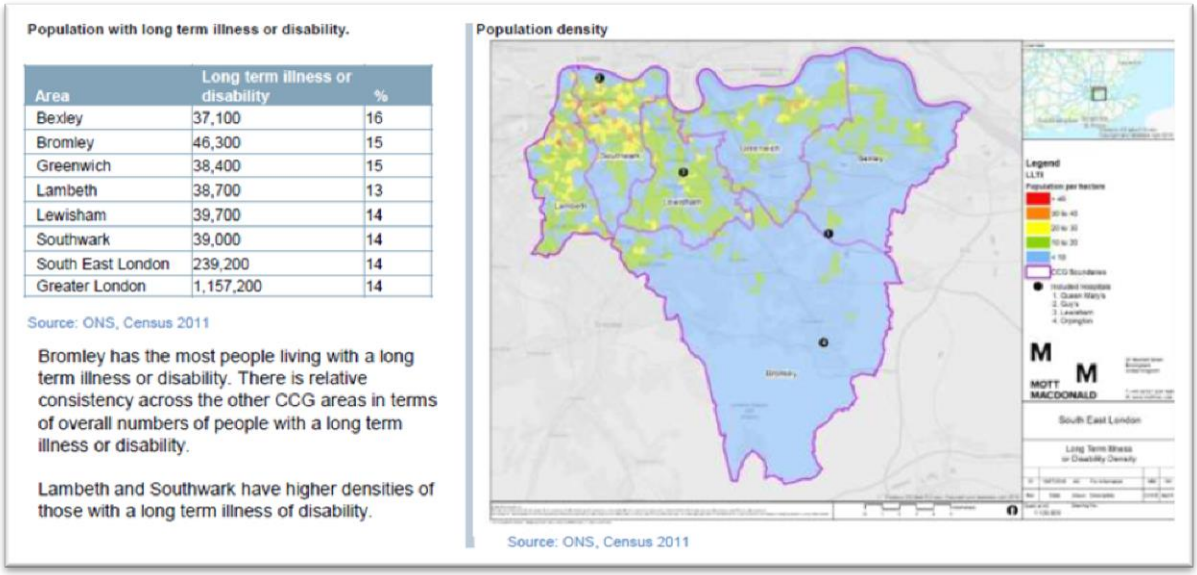
Source: ONS, Mid-year Population estimates, 2014

(Mott MacDonald, 2016)

"*Changing population trends of older people:* In line with the national trends, all CCGs will experience an increase in the number of people aged 65 or over. Southwark will experience a doubling of its aged 65 or over population by 2039. Lambeth, Lewisham and Greenwich will also experience increases for the aged 65 or over greater than the OHSEL or Greater London average. Bexley and Bromley will experience an increase of less than the OHSEL or greater London average. However, it is important to note that Bexley and Bromley will still have higher numbers of older people overall .The CCGs with the greatest numbers of people aged 65 or over in 2014 remain the same CCGs in 2039." - (Mott MacDonald, 2016)

High proportion of younger people: South East London includes a relatively high proportion of younger people, especially aged 0-9 years. Four out of six boroughs are in the bottom quartile for the percentage of children living in poverty. This places particular demands on urgent and emergency care services to ensure the best possible quality of outcomes for children and young people. The IUC CAS will deliver a "consult and complete" model of urgent care access that can streamline and improve patient care across the urgent care system, ensuring booked appointments are provided when necessary.

Disability



Population with long term illness or disability.

Area	Long term illness or disability	%
Bexley	37,100	16
Bromley	46,300	15
Greenwich	38,400	15
Lambeth	38,700	13
Lewisham	39,700	14
Southwark	39,000	14
South East London	239,200	14
Greater London	1,157,200	14

Source: ONS, Census 2011

Bromley has the most people living with a long term illness or disability. There is relative consistency across the other CCG areas in terms of overall numbers of people with a long term illness or disability.

Lambeth and Southwark have higher densities of those with a long term illness of disability.

(Mott MacDonald, 2016)

"*Changing population trends of those with a disability:* Although national datasets are not available for the likely population change of those with disability in the longer term, local data reports that there are about 5,740 people with learning disabilities in Southwark, of whom about 1,230 (21%) have moderate or severe learning disabilities. The number of people in the borough with learning disabilities is projected to increase by 22% to 7,000 by 2030. Looking specifically at adults with moderate or severe learning disabilities, the greatest relative increase is also projected to be seen in the 55 to 64 year age group (a 59% rise over 20 years). *Southwark JSNA (2013): Adults with a learning disability*. - (Mott MacDonald, 2016)

People with physical disabilities and / or learning disabilities: When patients with physical disabilities and / or learning disabilities call NHS 111, these attributes have not been historically recorded; therefore, it is not currently possible to know how many people with physical disabilities and / or learning disabilities call NHS 111, nor how their outcomes compare to other patient groups. The provider must deliver improved access and staff training for patients with specific issues such as physical disabilities and learning disabilities.

It is a requirement that these calls will be tagged (subject to patient consent) following the first call and consent to improve the response for these patients will be sought.

The provider will provide an improved supportive response for patients who have learning disabilities or whose conditions require higher levels of support. This will be through the creation of effective and efficient levels of integration between services, incorporating:

- Improving local patient pathways
- Smooth handoff between services
- Ensuring that information about patients (e.g., summary care records, Special Patient Notes and care plans) is effectively shared and must be used for high-risk vulnerable patients.
- Seamless transfer of information and referrals for the whole journey from the start of the IUC service call to the conclusion of that episode of care.
- The provider is legally required to follow the Accessible Information Standard. This is explained in Section 250 of the Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/part/9/chapter/1/enacted

Deaf and hearing-impaired: Deaf people report difficulties in accessing NHS care due to communication barriers. NHS 111 can be accessed via a minicom; however, not all deaf/Deaf and hearing-impaired people have access to a minicom. Additionally, the national telephony contract provides a BSL translation service (http://www.interpreternow.co.uk/nhs111/). Neither facility has been advertised; therefore, they are not widely known about or utilised. The provider must work with the commissioner's communications and engagement lead to promote the service to underrepresented groups. The service must be advertised to the deaf and hearing impaired in a very visual way, using plain English and avoiding the use of jargon.

The IUC service must be able to deliver a good quality service and adapt its model to include patients with hearing impairments. The service must develop deaf-friendly language. The provider is legally required to follow the Accessible Information Standard, the standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services. More information can be found at: https://www.england.nhs.uk/ourwork/accessibleinfo/.

The Integrated Urgent Care Service provider must provide a direct dial in (DDI) line for referrals from the British Sign Language service and prioritise these calls above other calls waiting. It is a requirement that these calls will be tagged (subject to patient consent) following the first call and consent to improve the response for these patients will be sought.

The provider must deliver improved access and staff training for patients with hearing impairment – training must cover the full spectrum of hearing loss, including use of simplified language and language that BSL users will understand in context. The volumes of callers accessing the service via the BSL service or a type talk service should also be captured to allow commissioners to monitor equality of access.

Mental illness: NHS England statistics show that around 800,000 people are now living with dementia and that this is expected to rise to one million by 2021. In any given year, an estimated one-in-four individuals will experience a diagnosable mental health condition. Urgent and emergency services are noting a growing number of people with mental health conditions using their services. Access to appropriate mental health services will be made available through an IVR system that routes 111 callers with mental health concerns directly to the local mental health trusts' help lines.

In case the patient selects the wrong IVR option and comes through to the IUC service, the provider will work with the local mental health services (Oxleas and SLaM) to ensure the IUC service intervenes early and identifies appropriate callers to refer to local mental health help lines. The IUC service must ensure patients are managed in line with local mental health crisis plans when they are available. If the patient expresses suicidal intent with means and plan, then an ambulance must be dispatched and the patient must be warm transferred to a mental health crisis line so that a mental health nurse can talk to the patient while they are waiting for the ambulance to arrive.

The Integrated Urgent Care Service must work in partnership with mental health services in order to:

- Ensure clinicians in the IUC CAS have access to mental health crisis plans.
- Ensure call handlers and staff working in the CAS are appropriately trained in mental health care and are aware of the specialist services available in SEL for mental health patients, (for example, paediatric psychiatric liaison services, emergency treatment centre clinics) and they must have an in-depth knowledge of the local mental health crisis lines. Access to these services will be via the Directory of Services.

- Agree referral protocols for mental health patients in crisis, including warm transfer to mental health crisis lines.
- Participate in networks of support to manage patients in crisis.
- Complete end-to-end patient pathway reviews to ensure patient pathways continue to improve.
- Identify mental health callers for focused patient experience feedback on access for mental health patients.

In addition to the above, the service must work with local mental health services and commissioners to further develop these arrangements to better meet patient needs. Senior clinicians and GPs within the service must be aware of direct referral pathways for specialist mental health advice and liaise with local care networks to review and improve mental health pathways.

Gender Reassignment

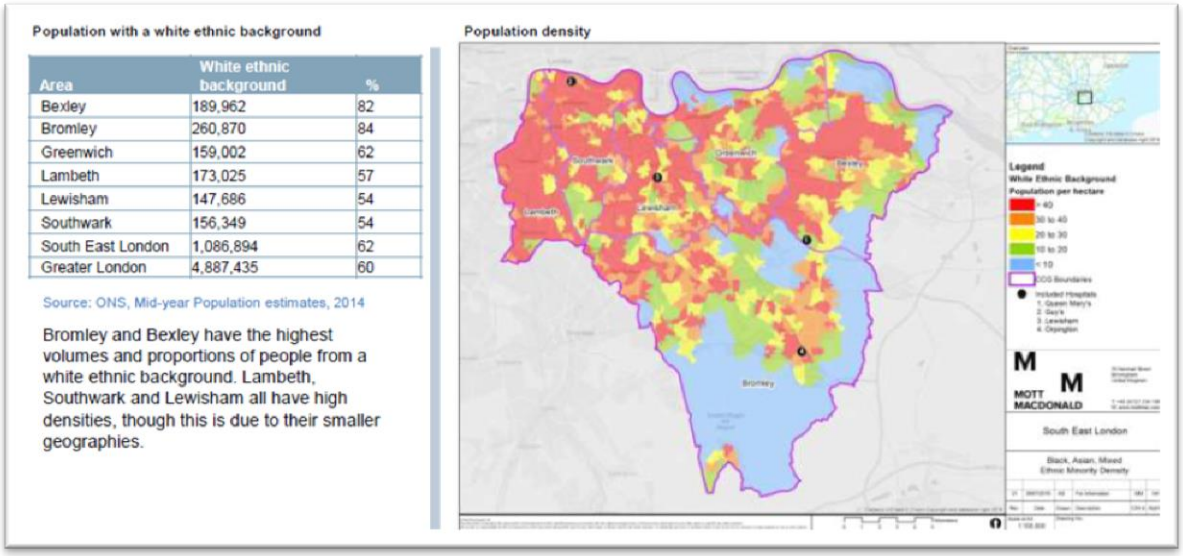
"Population demographics are not available for the numbers of people undergoing, or who have undergone, gender reassignment. However stakeholders have noted that the number of gender reassignment procedures is increasing. This is support[ed] by figures obtained under a Freedom of Information request, which shows that there has been increases in the number of referrals to all of the UK's gender identity clinics (GIC). The London GIC in Charing Cross is the largest adult clinic. The number of referrals has almost quadrupled in 10 years, from 498 in 2006-07 to 1,892 in 2015-16. In 2015-16, NHS England has provided an additional £3m towards funding adult GIC clinics. *'Gender identity clinic services under strain as referral rates soar' Guardian newspaper 10 July 2016"* - (Mott MacDonald, 2016)

Metro (https://www.metrocentreonline.org/about-us/) have advised that gender identity monitoring should be carried out as standard, as their service users have told them that this is an indication of LGBT people being recognised as an equal group whose needs are being considered.

The provider must:

- Capture gender identity monitoring data within the patient satisfaction questionnaires and as it relates to patient engagement activity.
- Work with the commissioners' communications and engagement lead to promote the service to underrepresented groups. Groups such as Metro should be engaged with to ensure advertising is targeted successfully.
- Use the Directory of Services and other local resources, to promote LGBT-specific voluntary services which can offer wraparound support that adds another layer to patients' wellbeing.

Race and Ethnicity



Population with a white ethnic background

Area	White ethnic background	%
Bexley	189,962	82
Bromley	260,870	84
Greenwich	159,002	62
Lambeth	173,025	57
Lewisham	147,686	54
Southwark	156,349	54
South East London	1,086,894	62
Greater London	4,887,435	60

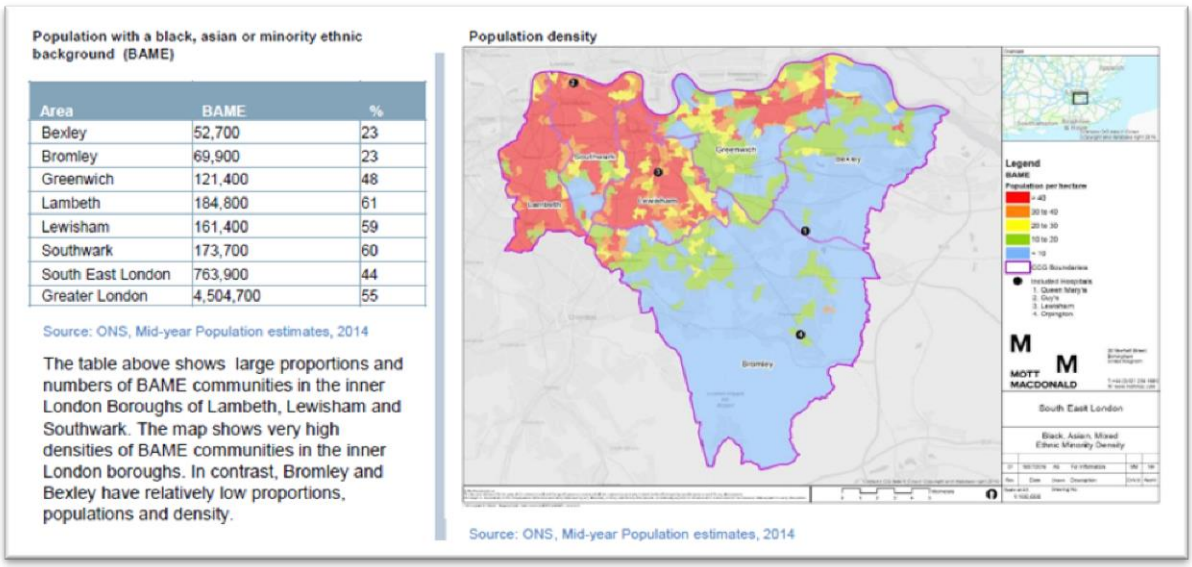
Source: ONS, Mid-year Population estimates, 2014

Bromley and Bexley have the highest volumes and proportions of people from a white ethnic background. Lambeth, Southwark and Lewisham all have high densities, though this is due to their smaller geographies.

(Mott MacDonald, 2016)

"*Changing population trends of those from a white ethnic background*: Although national datasets are not available for the likely population change, local data reports that:

- In Lambeth the older white population is projected to grow by about 12%. *Lambeth Council State of the Borough 2014*
- By 2020, the white population of Lewisham is set to decrease by 2.1%. *Lewisham's Public Health Information Portal"* - (Mott MacDonald, 2016)



Population with a black, asian or minority ethnic background (BAME)

Area	BAME	%
Bexley	52,700	23
Bromley	69,900	23
Greenwich	121,400	48
Lambeth	184,800	61
Lewisham	161,400	59
Southwark	173,700	60
South East London	763,900	44
Greater London	4,504,700	55

Source: ONS, Mid-year Population estimates, 2014

The table above shows large proportions and numbers of BAME communities in the inner London Boroughs of Lambeth, Lewisham and Southwark. The map shows very high densities of BAME communities in the inner London boroughs. In contrast, Bromley and Bexley have relatively low proportions, populations and density.

(Mott MacDonald, 2016)

"Changing population trends of those from a BAME background: Although national datasets are not available for the likely population change, local data reports that:

- Southwark is predicted to have a 41% increase in 'Black Other' population over the next 10 years. *Southwark Council (2015): Southwark Demographic Factsheet May 2015*

- The Black Caribbean population in Southwark is projected to decrease by 1% in the next 10 years. *Southwark Council (2015): Southwark Demographic Factsheet May 2015*
- In Lambeth the black Caribbean 60+ population is projected to grow by almost 40%. Similarly, the older black African population, which is currently small, is projected to nearly double. *Lambeth Council State of the Borough 2014*
- The GLA 2013 Round Ethnic Group Projections estimate that, in 2015, the ethnic minority population of Bromley is 17.9%, and this is projected to rise to 20% by 2025. The greatest proportional rise is in the Black African group. *Bromley joint strategic needs assessment 2014 - The Population of Bromley: Demography*
- Between 2015 and 2025 it is projected that the largest increases in Greenwich will be in: Black African: +10,400 (26.3% increase), Other Asian: +6,800 (37.7% increase) and Chinese: +2,200 (+35.5% increase). By 2041 it is estimated that nearly half of the boroughs residents will be from a BAME background (45%). *Royal Borough of Greenwich (No date): Ethnic Groups Projections for Royal Greenwich (2001-2041)*
- By 2020, the Black African population of Lewisham is set to increase by 16.8% *Lewisham's Public Health Information Portal*
- By 2021, Bexley's population will comprise of 24% BAME residents 2014 round ethnic group population projections.
- By 2037, Lewisham, Southwark and Greenwich are all projected to have BAME majority populations. *(GLA 2015 round trend-based projections – Results).*" - (Mott MacDonald, 2016)

There is a large and growing proportion of Black, Asian and Minority Ethnic (BAME) groups across South East London. Many languages are spoken. This is an important factor in how people in South East London access services. These groups often rely on urgent and emergency services and sometimes require support to help them access other options of care to address their needs. Ethnicity data has historically only been captured for 65% of all SEL 111 answered calls2. However, according to the data captured, white people are overrepresented; they make up 65% of the SEL population3 and 70% of all SEL 111 callers that have declared their ethnicity4. The next largest ethnic groups in South East London are African and Caribbean, which combined make up 17% of the population5. These groups are underrepresented at 13% of all callers that have declared their ethnicity6. The number of callers utilising the translation service does not reflect the diversity of the local population. 14% of people in South East London have a first language that is something other than English7, yet only 0.26% of all 111 callers made use of the language line between 1 December 2014 and 30 November 20158. Either the 111 service is underutilised by this group or the language line is underutilised for these individuals when they do call.

The IUC service must utilise an interpreting service, work with the commissioner's communications and engagement leads to promote the service to underrepresented groups, and improve capture of ethnicity data in order to monitor progress towards tackling inequalities. Work has been undertaken to consult the with BAME communities on the service model. The Provider is required to continue to capture the views of these groups in terms of experience, to inform on-going improvements to service delivery and accessibility.

2 SEL 111 call log data 1st December 2014 – 30th November 2015
3 ONS
4 SEL 111 call log data 1st December 2014 – 30th November 2015
5 ONS
6 SEL 111 call log data 1st December 2014 – 30th November 2015
7 ONS
8 SEL 111 language line data 1st December 2014 – 30th November 2015

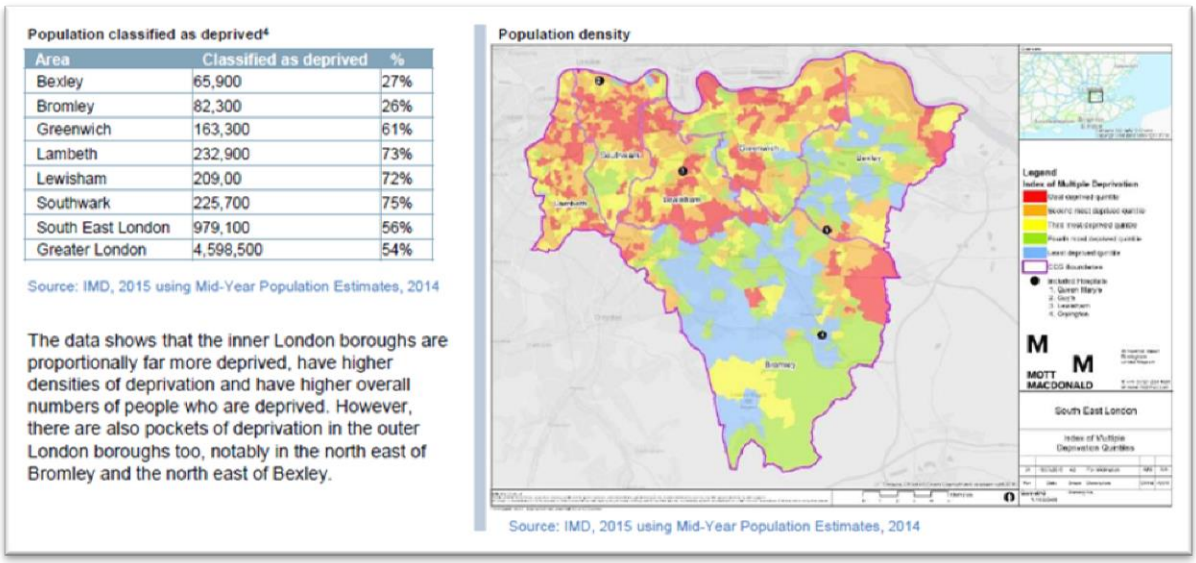
Sexual Orientation

Sexual orientation and gender identity of callers has not been historically monitored by the NHS 111 service; therefore, it is not currently possible to know how many LGBT people call NHS 111 or how their outcomes compare to other patient groups. Metro (https://www.metrocentreonline.org/about-us/) have advised that sexual orientation and gender identity monitoring should be carried out as standard, as their service users have told them that this is an indication of LGBT people being recognised as an equal group whose needs are being considered. LGBT people approached by Metro cited previous negative experiences of the NHS and asked: "Would staff respond positively and non-judgementally to the diversity of the community?"

The provider must:

- Capture sexual orientation and gender identity monitoring data within the patient satisfaction questionnaires and as it relates to patient engagement activity.
- Work with the commissioners' communications and engagement lead to promote the service to underrepresented groups. Groups such as Metro should be engaged with to ensure advertising is targeted successfully.
- Use the Directory of Services and other local resources, to promote LGBT-specific voluntary services which can offer wraparound support that adds another layer to patients' wellbeing.

Deprivation



Population classified as deprived[4]

Area	Classified as deprived	%
Bexley	65,900	27%
Bromley	82,300	26%
Greenwich	163,300	61%
Lambeth	232,900	73%
Lewisham	209,00	72%
Southwark	225,700	75%
South East London	979,100	56%
Greater London	4,598,500	54%

Source: IMD, 2015 using Mid-Year Population Estimates, 2014

The data shows that the inner London boroughs are proportionally far more deprived, have higher densities of deprivation and have higher overall numbers of people who are deprived. However, there are also pockets of deprivation in the outer London boroughs too, notably in the north east of Bromley and the north east of Bexley.

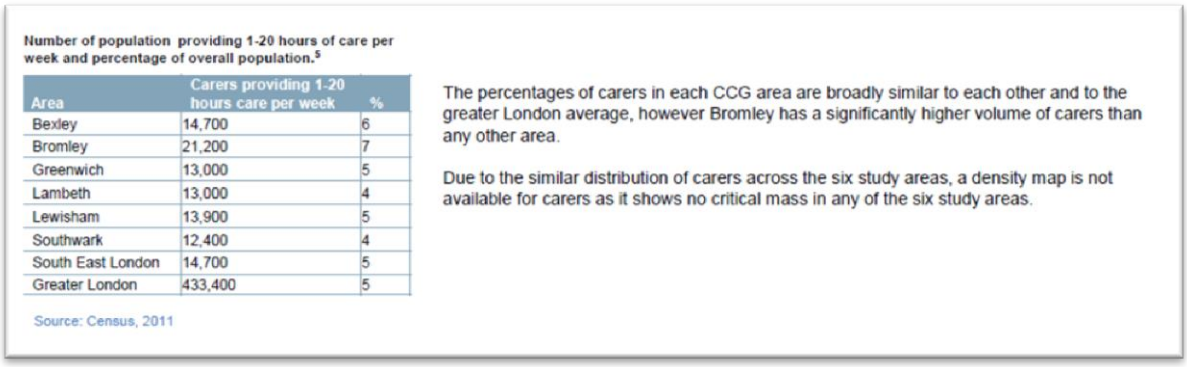
(Mott MacDonald, 2016)

South East London has a diverse and mobile population with extremes of deprivation and wealth. A high proportion of the population live in areas that are among the most deprived in England, while a smaller proportion live in the most affluent areas. Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank amongst the 15% most deprived local authorities in the country. Commissioners recognise the frequency of multiply co-morbidities in deprived populations and have ensured that a range of support services are listed in the Directory of Services to best manage more frequent occurrence of ill health and higher mortality from chronic conditions, as well as higher frequency of mental health needs resulting from deprivation.

Further research and/or engagement as proportionate will be carried out with White working class people and gypsies and travellers to ascertain if there may be any impacts on these

communities. Commissioners will update the recommendations in light of the research findings.

Carers



Number of population providing 1-20 hours of care per week and percentage of overall population.[5]

Area	Carers providing 1-20 hours care per week	%
Bexley	14,700	6
Bromley	21,200	7
Greenwich	13,000	5
Lambeth	13,000	4
Lewisham	13,900	5
Southwark	12,400	4
South East London	14,700	5
Greater London	433,400	5

Source: Census, 2011

The percentages of carers in each CCG area are broadly similar to each other and to the greater London average, however Bromley has a significantly higher volume of carers than any other area.

Due to the similar distribution of carers across the six study areas, a density map is not available for carers as it shows no critical mass in any of the six study areas.

(Mott MacDonald, 2016)

Work has been undertaken to consult with carers on the service model. Based on feedback from services users, two vignettes guiding the types of service considerations that must be made have been included in Appendix G. The Provider is required to continue to capture the views of these groups in terms of experience, to inform on-going improvements to service delivery and accessibility, as well as delivering the requirements within section 5.20.

Level of GP registration

Many London residents are not registered with a GP which results in their choice of urgent and emergency care being either the London Ambulance Service or A&E. Population mobility and churn in South East London means that long-term campaigns to educate people on London's health services may not always achieve the desired success. The IUC service will ensure the public access appropriate care, while encouraging GP registration.

Primary care access

Healthwatch Southwark have reported: "We have found through our engagement that some people use A&E instead of out-of-hour services (extended access GP clinics, NHS 111, SELDOC and the Urgent Care Centre). Amongst reasons cited as to why they go to A&E instead of other local services, common themes were:

- Difficulty in getting a prompt GP appointment
- Uncertainty/confusion about where to go when the GP practice is closed.

The IUC service will address this through implementation of a solution capable of direct appointment booking with destination services through the chosen clinical workflow system. Booking shall be available for both in-hours services (such as, extended access GP clinics) and urgent care services (such as OOH GP services). Patient choice will be an important aspect of the service. For example, a patient may be offered a base visit but given the option of a call back if this is what they prefer.

Variations between boroughs in South East London:

- Over a five-year period, in Southwark and Lambeth, roughly half the current population has moved in and out of borough. In Bexley, roughly a quarter of the current population has moved in and out.

- Higher proportions of older people live in the outer boroughs.

- The difference in life expectancy between the most and least deprived wards in the six boroughs is 8.7 years for females and 9.3 years for males.

- Four boroughs are in the 'worst' national outcomes category for premature mortality.

- There is significant variation in the under-75 years' deaths from cardiovascular disease between the boroughs; in 2012, Greenwich had the highest directly standardized rate at 70 per 100,000, compared to Bromley with the lowest rate at 43 per 100,000.

- Deaths from Chronic Obstructive Pulmonary Disease (COPD) remain well above London and national averages. Also, considerable variation exists between boroughs. In 2012, Greenwich had the highest standardized mortality ratio (SMR) of 155 and Bexley had the lowest at 86.

Summary of 'Scoped in' Groups

Outlined below is a summary of the groups who have been scoped in as having a disproportionate or differential need for Integrated Urgent Care Services:

Characteristic	Disproportionate need	Differential need
Age: Older people	✓	
Age: Younger people	✓	
Disability	✓	
Gender		✓
Gender reassignment		✓
Marriage and Civil Partnership		
Pregnancy and Maternity		✓
Race and Ethnicity: White[1]	**TBC**	**TBC**
Race and Ethnicity: BAME	✓	
Religion and Belief		
Sexual Orientation	✓	
Deprivation	✓	
Carers	✓	

[1] *Further research and/or engagement as proportionate will be carried out with White working class people and gypsies and travellers to ascertain if there may be any impacts on these communities. Commissioners will update the recommendations in light of the research findings.*

It is important to note that the report is not suggesting that other groups will not need these services; rather it is to suggest that there does not presently exist a body of evidence indicating a disproportionate or differential need.

The disproportionate needs highlighted in this report will be addressed by the Provider through the delivery in full of the SEL Integrated Urgent Care Service Specification.

Appendix 1: Engagement completed

Prior to March 2016, two patient engagement events were held and a survey was distributed to patients through the SEL CCGs' communications and engagement leads; the resulting feedback was incorporated into the service specification subsequently approved by the SEL CCGs' Governing Bodies (or their delegated committees) in March 2016.

Post March 2016, an information pack detailing our response to the patient feedback received – in the form of 'you said, we did' – and the more recent developments to the IUC design, was produced and shared with the SEL CCGs communications and engagement leads for distribution through their usual patient engagement channels. Additionally, patient groups were identified for further targeted engagement. These groups were identified on the basis of those who had access issues (Deaf or hard of hearing; patients for whom English is not their first language; patients with learning disabilities) and groups that the equality impact analysis had highlighted as not having been engaged with so far (e.g. LGBT).

Each CCG was asked to choose one of the patient groups and facilitate engagement with that group. Where possible, this was through the programme team attending an existing patient engagement meeting or convening a meeting for this express purpose. Where this was not possible, information was sent to relevant organisations that liaised with their service users and responded on their behalf. The following activity was undertaken:

- Information sent to Bromley Deaf Access group; response received providing advice relating to staff training, promotion of the service, and the use of deaf friendly language.
- Engagement session held with a Vietnamese group in Lewisham – 9 out of the 10 attendees had never heard of 111 before. Discussed the differences between 111 and 999, the translation service available through 111, the redesign of 111 and the best ways to promote the service to the Vietnamese community. The current service and the new design were both very well received.
- Information sent to a KeyRing representative who phoned members of Speaking Up – Southwark (a group for people with learning disabilities) to get their views on the new design for 111. Response received "I've spoken to each member of the group and unfortunately none of them have used the 111 line. This was because they haven't needed to. They had all heard of it and said they would use it if they needed to."
- Information sent to Metro (a SEL wide LGBT group); response received providing advice relating to staff training, promotion of the service, monitoring LGBT usage and links to voluntary services.
- Engagement session with Our Healthier SEL Patient Advisory Group – 3 attendees, knowledgeable about 111. Very detailed discussion about the current service and the proposed changes. The group approved of the proposed changes. 2 members were recruited to the SEL 111 Programme Board and IUC Procurement Evaluation Panel.

All of the feedback received has been incorporated into the revised service specification.