

Committee:	Health and Adult Social Care Select Committee
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Report Title:	NHS 111 First programme update
Report From:	Sam Chapman Urgent & Emergency Care Associate Programme Director David Barker Head of Communications and Engagement

NHS 111 First programme implementation in Hampshire/Isle of Wight

1 Introduction

The purpose of this paper is to update committee members on the implementation of the NHS 111 First programme across Hampshire and the Isle of Wight.

This is a national initiative from the NHS, essentially offering an enhanced 111 approach, supported by a local clinical assessment service. Its aim is to ensure that people who require NHS care urgently, but who do not have a life-threatening condition, are directed to the most appropriate service for their need once they have been triaged and assessed, and that this happens quickly and easily for them.

In addition those patients who, following assessment, still require to be seen at an emergency department, can be offered a timed slot to attend, offering what is intended to be a more convenient service for the individual. It also enables hospitals and other providers to better manage demand for emergency care services, and reduce the risk of infection more effectively with fewer people in waiting areas.

NHS organisations, including commissioners plus acute, ambulance and primary care providers, are working together to deliver this enhancement to the NHS 111 service in a coordinated way within the four local integrated care partnership (ICP) areas – Portsmouth and south east Hampshire, North and mid Hampshire, Southampton and south west Hampshire and the Isle of Wight.

The initiative is part of a national requirement, with an ambition that all systems will have implemented a minimum specification of the clinical model by December 2020, as set out at the NHS England and NHS Improvement Board Meeting in Common held on 28 July 2020.

This was, subsequently endorsed by a directive within the Third Phase of the NHS Response to COVID-19 letter from Simon Stevens (NHS England, 31st July 2020).

In practice, this specification requires NHS111 services to increase the proportion of people whose needs are assessed by clinicians on the telephone and, then, for local ICPs to ensure that people can be offered the most appropriate care in response to their individual needs. This may range from telephone advice on self-care, a next-day appointment booked to see a GP or an urgent timeslot arranged to attend the Emergency Department (ED).

Committee members may recall that the Portsmouth and south east Hampshire ICP has been a national early implementer of this approach. Here, Portsmouth Hospitals University NHS Trust (PHU) has been working with South Central Ambulance Service NHS Foundation Trust (SCAS), the local CCGs and primary care to deliver a 'pilot' of the service since the end of June 2020.

Although it is early days in terms of evaluation of the Portsmouth service, it has so far had a positive impact on reducing walk-in attendance to ED and is also attracting some positive feedback from patients who have used the new approach.

We anticipate all four ICP areas will have completed the necessary assurance processes, and have introduced the scheme, by December with the learning from the Portsmouth experience providing valuable learning insight for organisations both locally and nationally.

North and Mid Hampshire has already completed the assurance process and commenced patients being booked into the two hospitals (Basingstoke and Winchester) from Monday 26th October. Additionally the same process is in place for patients to access the Andover Minor Injury Service which commenced at the start of October.

Meanwhile, the Isle of Wight ICP area has also been given the go ahead to proceed and the service on the Island will be commencing in early November. Southampton, in line with its original proposal, is planning to have the service implemented in the last week of November.

All three of the ICP areas following on will be undertaking a 'soft launch' initially, which enables them to ensure that the service is fully operational and working without concerns, before commencing wider communications, and promotion, with the public. This was also the case with the Portsmouth scheme.

2 Background

The NHS 111 First scheme aims to encourage members of the public to contact NHS 111, either online or by phone, as the primary means to access urgent health care, using a more prominent public facing message – 'NHS 111 First'.

The COVID-19 pandemic has had a profound effect upon the delivery of NHS services, including the way that people choose to access healthcare. Lockdown measures in the spring to control the spread of COVID-19 saw, at the time, a sharp reduction in attendance at ED of up to 60% (although this reduction was not sustained), together with a large increase in the inbound call volumes to the NHS 111 Service.

Alongside this there were rapid developments to operational delivery within the NHS in order to ensure patients who are COVID-19 positive receive the treatment they need and at the

same time protect those who are most at risk. More recently the approach to restoration and recovery of services, particularly in elective care, has highlighted the importance of the NHS being able to effectively manage its elective and non-elective demand efficiently, at a local level and, in fact, nationwide.

This has led to the recognition that changes to the way the public accesses services must be maintained, during the second wave of the pandemic and beyond, to reduce the risks of nosocomial (hospital acquired) infection within health settings, and ensure that healthcare service demand is more proactively and effectively managed.

By developing the current NHS 111 service to offer patients a different approach to the way they seek out and receive urgent healthcare, we are able to:

- promote NHS 111 (both online and via existing telephony) as the first point of contact for people experiencing a non-life-threatening health issue;
- encourage a move away from (but not exclusion of) going to a physical location as the first choice to access healthcare when it is needed urgently;
- embrace remote assessment and the technology which supports it;
- prevent nosocomial infection by minimising the opportunity for patients to congregate together in ED waiting rooms;
- ensure patients get a clear direction of what they need to do and where they need to go in order to resolve their issue;
- protect those most at risk by giving them an enhanced service.

In short, there are some fairly fundamental benefits here to the requirement to keep people who need urgent care, and those who treat them, safe – preventing the spread of infection which could be brought about by having too many people grouped together at any one time.

Alongside this can be placed the potential benefits in terms of time and demand management in being able to direct a number of people initially towards a clinical assessment service that can discuss with each individual the most appropriate service for their needs, thereby identifying the potential to significantly reduce the number of people who self-present at an emergency department.

3 How the service works

The NHS 111 First national programme is being introduced to improve outcomes and patient experience in healthcare settings during COVID-19 and to provide a long-term model of access to urgent and emergency care services.

Patients access urgent and emergency care in a number of ways and the plan is that these revised procedures will support people to get the right care in the right place, whilst continuing to manage risk and governance processes to ensure they reach appropriate and safe outcomes.

A significant proportion of emergency department attendances are self-presenting, walk-in patients, and the majority occur during the day and early evening, with the obvious implications this has for managing social distancing in waiting rooms.

New approaches and processes have been developed as part of the NHS111 First initiative including an electronic direct booking system, and a clinical assessment service to support the interface with the emergency department in each of the four Hampshire and Isle of Wight ICP areas. There is scope within the scheme to tailor the approach to suit the specific needs of each ICP area, for example in terms of how the clinical assessment service (CAS) is provided.

The new service encourages patients who think they might need to go to an emergency department to contact NHS 111 first instead of walking in unannounced.

The service, in conjunction with local telephone clinical assessment services, will assess their needs and can, where appropriate, book them a timed slot for attendance at an emergency department. However in many cases they will be able to book or direct them to a more appropriate local service, which could be a same day emergency appointment in primary care, an urgent treatment centre or minor injuries unit, follow-up at their GP practice or pharmacy.

Expanding the NHS 111 First offer to provide low complexity urgent care without the need for an ED attendance ensures those who need care can receive it in the right setting more quickly. It also means that capacity can be released within emergency departments to enable them to deal with those who most need their specialist services. In implementing this programme across Hampshire and the Isle of Wight it is important to stress that people who need emergency care should still call 999, as has always been the case.

But, by asking people to contact NHS 111 first and advising them where and when to go, we can more safely manage waiting areas, reducing the potential for crowding and thus significantly lowering the risk of COVID-19 transmission. Being able to provide patients who need emergency department care with a specific timeslot to attend is a positive expansion to the service we already offer and will help to keep people safe and well

This initiative helps us to keep our patients safe with social distancing in our Emergency Department, while supporting patients to access the right care, the first time, in a more convenient way. The ED remains open at all times and anyone experiencing a medical emergency should still attend the department or call 999.

4 The experience in Portsmouth and south east Hampshire

Portsmouth was one of a handful of national 'early implementers or adopters' of the new service that have led the way in piloting the service.

The Portsmouth service differs slightly from that being implemented elsewhere across the country as it also delivers a second component – the option to direct ED walk-in attendees, where clinically appropriate and only if it is not a life-threatening emergency, to contact NHS 111 directly from an online terminal or phone located within the hospital's emergency department. This additional element of the service helps to manage patient flow in the department but also provides the opportunity for patients to be directed to a more appropriate service for their needs, where they may be seen more quickly.

Working with primary care and CCG partners, Portsmouth Hospitals University NHS Trust and South Central Ambulance Services NHS Foundation Trust, has seen more than 1,400 patients attend a booked time slot at the ED at Queen Alexandra Hospital since the start of July. Encouragingly there is a noticeable trend that points to a small reduction in 'walk-in' patients attending the Emergency Department.

The support of the telephone clinical assessment service, for the Portsmouth and south east Hampshire area run by local GPs, has been instrumental in providing timely triage for patients. The GPs have full access to the patients' health records and for all patients who have an urgent care need, a GP will contact them within 30 minutes to discuss their need in more detail and provide appropriate clinical support relevant to the condition.

This may result in self-management advice over the telephone or via video link, signposting to alternative services such as pharmacies, minor injuries units or urgent treatment centres, booking an appointment within their own GP surgery, arranging for urgent access within the hospital without having to go via ED or booking an ED appointment/ ambulance dispatch for those that need it.

5 Implementing the service across Southampton, Hampshire and the Isle of Wight

Between now and December the NHS 111 First programme will be rolled out in the other three ICP areas. At this stage, this will not include the additional component in the Portsmouth scheme (direct access to 111 from phone/terminals within the ED) but will include the ability for patients to have a timed arrival slot in their local emergency department or to be directed to an alternative, more appropriate, source of help more quickly.

Regional and national assurance processes are in place to ensure that plans being developed locally are robust, resilient and demonstrate all necessary requirements for patient safety. There is scope within each area to deliver an operating model that meets the particular needs of each local health and care system, in relation to the current availability, and set up, of urgent care services and in terms of how the clinical assessment service is operated and delivered locally.

Following on from Portsmouth, the service in North and Mid Hampshire began operating on Monday 26th October, and the Isle of Wight service will be introduced in the first week in November. Both services will run with a 'soft launch' initially to ensure all aspects of the provision work effectively, ahead of a public communications campaign.

A similar approach will be adopted for Southampton where the service will be in place at the end of November.

6 Communications and engagement approaches

The Portsmouth and south east Hampshire pilot was supported by a substantial communications campaign which was run with support from NHS England. A multi-channel approach was used to ensure that information could be shared using a range of approaches, including social media, a leaflet drop to households and work with the media as well,

including a positive feature on BBC South Today. The help of partner organisations has been much appreciated in sharing information through their channels as well.

From December a national campaign promoting 111 First will be implemented and we will be supporting this throughout Hampshire and the Isle of Wight to ensure that, wherever possible, a consistent and coordinated approach is maintained to communicating key messages to public audiences.

Clearly the new 111 First approach will be an integral part of the NHS' plans to manage winter demand this year so each system has also developed a local 111 First communications plan, intended to supplement the national campaign but delivering solutions that fit with the particular requirements of each local system.

These plans, though, have been developed in a coordinated way to ensure that they can both accommodate and fit with the national approach, and link effectively together to ensure a common purpose across the Hampshire and Isle of Wight area is in place as well.

We will also be using our local approaches to gather insight data into people's experiences of using the enhanced NHS 111 service, so that we can continue to ascertain what improvements might need to be considered, based on the feedback we receive from members of the public.

7 Recommendation

The Committee is asked to note this update report.

DB/SC October 2020