West Yorkshire and Harrogate
Health and Care Partnership

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 6th October 2020		Agenda item: 92/20	
Report title:	**Yorkshire and Humber wide programme for the implementation of NHS 111 First**		
Joint Committee sponsor:	Pat Keane/Rod Barnes, Joint Senior Responsible Officers (SROs)		
Clinical Lead:	Dr Adam Sheppard		
Author:	Pat Keane, Joint SRO		
Presenter:	Pat Keane, Joint SRO		
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		

Executive summary

A national specification sets out the key aims, actions and outcomes associated with the implementation of NHS 111 First. A Programme Oversight Group (POG) has been established to facilitate joint working and effective co- ordination in the implementation of NHS 111 First across Yorkshire and Humber

The POG facilitates this way of working between:

- Humber Coast and Vale ICS
- South Yorkshire and Bassetlaw ICS
- West Yorkshire and Harrogate ICS
- Yorkshire Ambulance Service

The attached presentation provides an overview of the national specification and describes the focus of the POG and associated actions and outcomes for both the Yorkshire and Humber and West Yorkshire and Harrogate systems

Recommendations and next steps

The Joint Committee of Clinical Commissioning Groups are asked to:

- Note the content of the national specification for NHS 111 First and process for local implementation through a Yorkshire and Humber Programme Oversight Group.

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

NHS 111 First is designed to enable access to a range of urgent and emergency care services within a primary, community or hospital setting, which maximise digital technology for sign posting, advice and clinical triage. This approach reflects the ‘left shift’ aspiration of the West Yorkshire and Harrogate ICS Urgent and Emergency Care Programme

Impact assessment (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	The national specification for NHS 111 seeks to make it easier and safer for patients to get the right advice or treatment when they urgently need it and increasingly, by being able to book direct appointments/time slots into a service that is right for them.
Public involvement:	A national communication and engagement process is supporting implementation of NHS 111 First
Finance:	N/A
Risk:	The UEC Programme Board has identified the risks associated with the implementation of NHS 111 and has agreed how they will be mitigated.
Conflicts of interest:	N/A

Yorkshire and Humber wide programme for the implementation of NHS 111 First

Joint Committee of Clinical Commissioning Groups

Tuesday 6 October 2020

National Integrated Urgent and Emergency Care Specification

NHS 111 First

Key aims

- To access healthcare patients can go to NHS 111 online, call their GP or NHS 111; whichever route they choose should provide a similar experience.

- NHS 111 makes it easier and safer for patients to get the right advice or treatment when they urgently need it and increasingly, by being able to book direct appointments/time slots into a service that is right for them.

- To achieve NHS 111 First, we need to expand the capacity within the current NHS 111 service.

Key Actions

- ensure hospital EDs are safe by minimising unheralded attendances
- increase capacity within the NHS 111/IUC service
- begin a comprehensive public communications campaign
- embed the remote consultation model
- make remote working a key part of workforce provision
- manage extremely clinically vulnerable patients and hospital discharges with proactive follow-up
- make direct booking the norm rather than the exception
- ensure out-of-hospital services work together to maximise use of resources and deliver high-quality care to patients, strengthening links between urgent and primary care.

Patient Centred Outcomes and Processes

- Specifically, we need to ensure that patients using NHS 111:
  - receive a timely response
  - are assessed safely and effectively
  - are directed to the right point of care for them (and in such a way as they will follow this direction)
  - can be directed to the full spectrum of available health services (e.g. pharmacy, urgent dental services and voluntary services, as appropriate)
  - have an overall patient experience of NHS services that is as good as it can be
  - have a mechanism to feedback they were inappropriately directed to a downstream care setting.
- Ensure patients can go directly to the centre or clinic they need rather than via an intermediary department (e.g. ED).
- Ensure that if patients are given an indicative timed slot, they are seen within an acceptable timeframe (without this, patients will not be incentivised to keep the appointment).
- Manage the flow of patients to ED by developing existing technical solutions, and where required, designing new ones .
- Have IT systems that allow providers to share patient information where appropriate.
- Have comprehensive, accurate and up-to-date service information that is available across healthcare.

Capacity and Infrastructure

- We need good demand and capacity systems across all parts of the system to manage appropriate demand, and the agility to respond to rising demand without overwhelming our services.
- Hospitals will need to consider the optimum operational model for directing patients to the right department, for managing those patients safely, and for ensuring the appropriate referral mechanisms are in place.
- Walk-in to ED must remain available for those patients who require direct access for example, not all patients will have use of a telephone or an internet connection.
- Commissioners and providers should consider how the current IT infrastructure can be improved to allow timely interchange of data. This may mean consolidating the existing multiplicity of IT systems in use. Appropriate data sharing agreements must be put in place.

Clinical Governance and Decision Making

- When making a referral to ED, the referring service (i.e. NHS 111) should routinely consider the potential clinical impact of non-attendance and any relevant safeguarding issues.

- The responsibilities to consider are:
  - NHS 111 is responsible for the correct assessment, advice if symptoms worsen and appropriate onward referral/advice.
  - The patient (or their guardian) is responsible for following the recommendations of NHS 111.
  - ED is responsible for reviewing the referral message from NHS 111 and the timely management of the patient from when they present.

General Practice

- General practice is the ‘engine’ behind both routine and urgent care within the NHS.
- For most patients, their GP surgery is their first option when they experience a health issue that is not an emergency.
- The COVID-19 pandemic has transformed how consultations are conducted; fewer face to face and more remotely, thanks to online and video consultation that has now been almost universally adopted to complement telephone consultation options.
- NHS 111 and general practices have worked increasingly closely to manage COVID-19 symptomatic patients, with many GPs offering their time to provide remote care through the NHS 111 Coronavirus Clinical Assessment Service.
- We want to build on this experience to continue to develop a model of seamless population care 24/7, with NHS 111, IUC providers and practices all working together closely.
- NHS 111 can support practices by assessing and, if appropriate, giving advice to those patients who are assessed as not needing to speak to a practice clinician.
- Should a patient be assessed as needing to see a clinician in their practice, a mechanism will need to be in place for direct booking/referral between NHS 111 and the practice.
- A patient’s choice to phone NHS 111 or to book an appointment with their practice to access healthcare should not influence the care they receive. Local discussion between practices and their NHS 111 provider is essential to determine the operating model that works best for both parties.

Mental Health Support

- The principles of NHS 111 First also apply to those with mental ill health. Many such people may have a better experience by speaking to a mental health professional on the phone before presenting to ED, or by being directed to another more appropriate service for mental health assessment.
- In response to COVID-19, all NHS mental health trusts have established 24/7
- Urgent mental health helplines that are open to the public. These public facing local helpline numbers can be found on the new service finder on the ‘where to get urgent help for mental health’ page of the new service finder on the NHS.UK website.
- In the medium term, the NHS Long Term Plan commits to making these urgent mental health services accessible via NHS 111; services are working towards this aim.

Hospitals and system working

Hospitals need to collaborate if the following are to be achieved:

- waiting areas (in ED and other departments) enable social distancing
- patients can be referred/directed by general practice and NHS 111/IUC CAS to hospital departments, avoiding ED where there is no benefit to patients
- specialist clinicians are available for remote clinical assessment
- technical capability for NHS 111 and GP practices to directly book into ED and other departments.

Ambulance Services

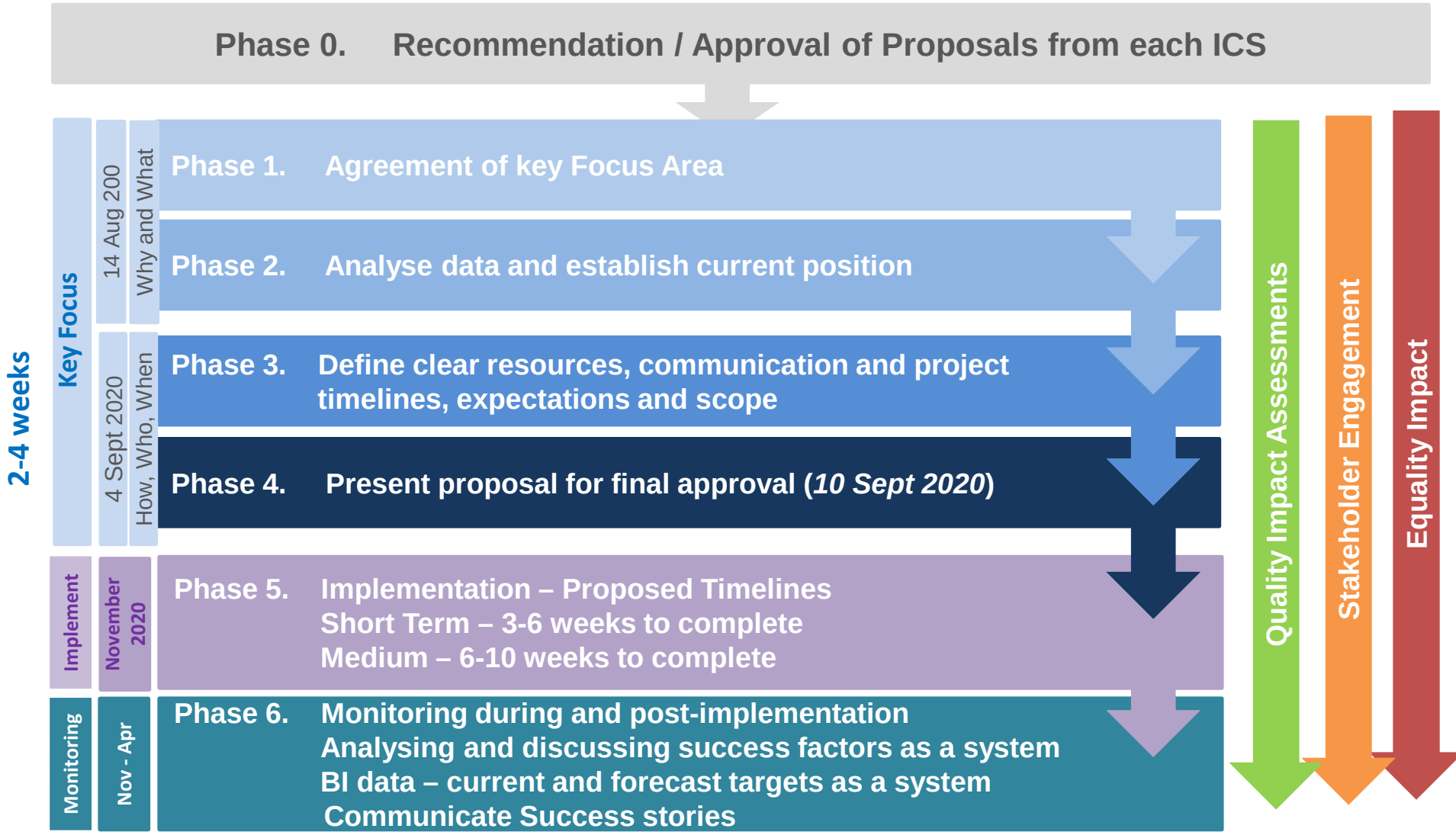
- Working as part of the broader system response, ambulance services should be supported to maximise treatment at scene and, where appropriate, conveyance to settings other than EDs, such as UTCs. Pathways should be agreed that support direct admission to other hospital departments where appropriate.

- The NHS 111 First programme, through reduced attendance and improved patient flow, will help reduce delayed handovers of patients conveyed by ambulance to EDs, in turn improving patient experience and freeing up valuable ambulance resources.

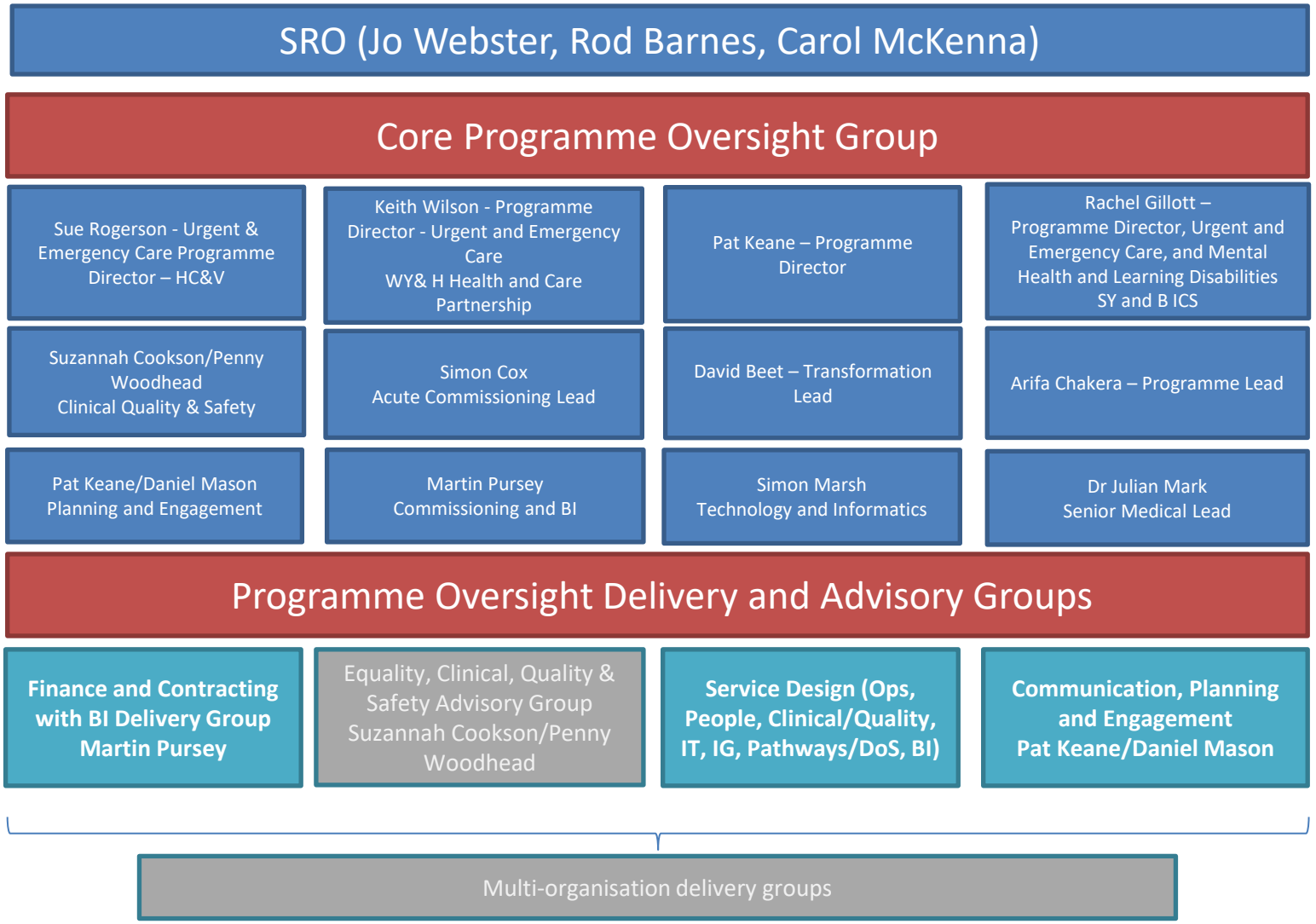
- Consideration should be given to how 999 and NHS 111 pathways can be better integrated. This will support ‘hear, treat and refer’ and ensure equity of access to right care, first time regardless of which number is called – 999 or 111.

Yorkshire and Humber Implementation Programme

Assurance, Delivery and Milestones



Delivery Structure



Progress on agreed actions

Phase 0 – Programme Kick Off

- Developed the Programme Management structure as part of Programme Oversight group – meeting on a weekly basis to move programme at pace.
- Each ICS is engaged with the development of their plans incorporating the requirements for Yorkshire and Humber.
- YAS working closely with each ICS to develop an integrated approach to patient care.
- Scope of works agreed

Phase 1 – Key focus areas aligned with the National Programme

- Increased NHS 111 Capacity – health advisors and clinical advisors
- ED Referral and Booking
- Secondary Care disposition and DOS development – including SDEC, Hot Clinics, UTCs
- Referral Pathways
  - Mental Health
  - 24/7 Primary Care
  - Frailty Pathways
- Aligned communication

Progress on agreed actions

Phase 2 – Analyse current data

- BI Group meeting on a weekly basis to support key workstreams.
    - Baseline data for Mental Health Capacity complete SY&B and finalising for WY and HCV
    - Baseline data for 24/7 primary Care stocktake completed for Y&H
    - Understanding patient demand, trends and profile data for Primary Care, 111, 999, ED
    - Clinical Modelling to evaluate resources required to meet projected demand
- The BI working group collating and understanding the data sets within Yorkshire and Humber as a system
- Data presented within Yorkshire and Humber to support the Phase 1 Key Focus areas in reducing footfall to ED and enabling alternative pathways.
- Initiated the monitoring and evaluation process

Progress on agreed actions

Phase 3 / 4 – Agreed Scope, Plan and Present proposals for final approval

- Development of an integrated Y&H plan with key leads
- ED Referral and Booking
  - HC&V have agreed and enabled the ED and 111 information sharing principles and this is being tested at Hull ED. Phasing being developed for the Y&H.
  - Working closely with the National ED Booking Project and this will be tested at Hull ED prior to full rollout to Y&H
- Increase 111 capacity
  - recruitment Plan for the health advisors progressed and training initiated.
  - Clinical capacity proposals presented and options being developed further (due end of Sept)
- Secondary Care Disposition
  - Each ICS profiling the alternative pathways

Progress on agreed actions

Phase 5 – Implementation

- Developed an integrated Y&H delivery plan for the short and medium term priorities. Focus on establishing the capacity to deliver these objectives.
- Increased 111 Capacity
- Information Sharing between 111 to ED
- Alternative pathways – initial focus is SDEC, Hot Clinics and UTC and ensure these are profiled correctly in the DOS
- Training of health advisors and clinicians on alternative pathways

Phase 6 – Monitoring during and post-implementation

- Using the BI Group to lead the monitoring and evaluation process from the start of the projects

WY&H Urgent and Emergency care programme reset

Key drivers

- Only 3.4% of A&E attendances were referred there by NHS111 – 96.6% of patients attending A&E went there unilaterally or were conveyed by ambulance
- Increased and unfettered access to A&E departments – exponential year-on-year growth
- COVID social distancing and staff absence impacting on already stretched A&E capacity
- Increased triage has already demonstrated a positive impact on patients getting the right advice and directed to the right services, if needed

Opportunities

- Primary care access and availability (directly 'bookable' slots);
- Alternative out-of-hospital urgent care services;
- Increased call handling and clinical assessment capacity
- Technology – full access to patient records and ITC functionality across all parts of the UEC system and crucially with EDs;
- Marketing – ensuring the public understood that this was not about gatekeeping but ensuring the best care, in the best place at the right time;
- UTCs as part of the Integrated UEC offer
- Expanded Directory of Services associated with 111

Priority areas

1. Supporting a single Yorkshire and Humber Strategy, aligned to the national and regional approach to 'Talk before you walk', for integrated urgent and emergency care with a focus upon:
   - Telephone/on line triage via 111/999/General Practice
   - Referral to Emergency Depts/Urgent Treatment Centres via triage
   - Alternative/enhanced pathways via triage/Directory of services
   - A "pre bookable" model
2. A co-ordinated approach to public messages on accessing urgent and emergency care

Wider Partnership Interfaces

- Primary and Community Care
- Mental Health
- Children and young people
- Harnessing the Power of Communities
- Improving Population Health
- Personalised Care
- Digital
- Workforce