

NHS 111 First

Joint Health Overview and Scrutiny September 2020

Case for change

- * During COVID attendances at Emergency Departments (ED) dropped dramatically in Leicestershire as well as nationally
- * COVID infection control arrangements require the separation of COVID suspected and COVID negative patients, with separate staff teams
- * Significant shift towards virtual consultations over the phone or video link, which has transformed the way that a lot of clinical care is provided
- * Imperative to keep the public and staff safe as ED attendances start to rise again
- * 111 First is a national initiative aiming to retain some of the positive changes achieved through COVID

111 First Initiative

- * National initiative being rolled out at pace across the county before Christmas
- * Extensive national engagement has taken place with Royal Colleges
- * Has been piloted in Devon and London
- * First Midlands system to go live Hereford and Worcester
- * LLR is the East Midlands 'fast follower'
- * Local engagement with stakeholders is beginning
- * Soft Launch in the last week of September

111 First Objectives

- * See patients in the right place at the right time, the first time.
- * Avoid unnecessary face to face clinical presentation across the LLR system.
- * Ensure appropriate clinical triage is provided to all patients whether they call or present at ED.
- * Ensure ED is for emergency patients only and minimise over-crowding in the department.

Key principle: clinical triage before all face to face consultations

5 National Expectations

- * Aim for 20% of 'unheralded' attendances at ED or urgent care centres to be re-directed elsewhere, either through calling 111 or by triage at the front door of the ED
- * Increase the number of alternative pathways available directly through NHS 111, such as ambulatory and 'hot' clinics at hospital
- * Enable direct booking from 111 into timed slots in ED
- * A clear communication & engagement strategy, local and national messages
- * Structured evaluation of outcomes and impact, national SITREP requirements

NHS 111 FIRST PROJECT

OBJECTIVES

REDUCE UNHEARALDED
ACTIVITY INTO ED

111 BOOK DIRECTLY IN ED

111 BOOK DIRECTLY INTO
ALTERNATIVE PATHWAYS



ED WALK IN PATIENTS TO BE
TRIAGED AND ONLY
APPROPRIATE ED ACTIVITY TO
ACCESS ED

REDUCE THE NUMBER OF
PATIENTS CROWDING IN ED
WAITING AREAS DURING COVID

PATIENTS AVOID ED AND ARE
BOOKED DIRECTLY INTO
APPROPRIATE COMMUNITY, UHL
SPECIALITY, OR HOT CLINIC
PATHWAY

INAPPROPRIATE ED ACTIVITY
REDIRECTED TO OTHER
SERVICES

REDUCE INAPPROPRIATE ED
ACTIVITY WITHIN ED

PATIENTS DO NOT NEED TO
ATTEND ED TO GET A REFERRAL

REDUCE THE NUMBER OF
PATIENTS CROWDING IN ED
WAITING AREAS DURING COVID

PATIENTS GIVEN TIME SLOTS TO
ATTEND ED RATHER THAN
ADVISED TO ED WITH 1, 4, OR 12
HOURS

PRIMARY CARE TO BE ABLE TO
BOOK DIRECTLY IN ADDITION TO
NHS 111

LLR Project Timeline

Programme Plan Timeline for Implementation for LLR NHS 11 First		03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep	05-Oct	12-Oct	19-Oct	26-Oct	02-Nov	09-Nov	16-Nov	23-Nov	30-Nov	07-Dec	14-Dec	21-Dec	28-Dec	04-Jan			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23			
				Local System stakeholder and system engagement																							
System plan developed and agreed																											
Local System plan sign off																											
Regional Sign off																											
National Sign off																											
Go live with direct booking from 111 into ED, SDEC, Hot Clinics etc.																											
Close monitoring, learning, feedback. Make adaptations to the plan if required																											
Launch public facing messages																											
Review impact on the 111 provider and wider system																											

Communications Objectives

Communications objectives:

- * Explain the developments and new arrangements to support NHS 111
- * Raise awareness and promote NHS 111 as the first point of contact for Urgent care needs
- * Promote the benefits of calling NHS 111 first: helping people get the right treatment at the right place
- * Engage with patients to understand their experiences of the new system: use these insights to influence development of the model and how we communicate about the service
- * To achieve long-term behaviour change of those who visit Emergency Departments for minor illnesses

Public messages

- * Contact NHS111 before going to an Emergency Department to ensure you get the right help in the right place. This could be self-care or through an appointment with a GP, or by going to a pharmacist or Urgent Treatment Centre.
- * Benefit from a booked time slot at an Emergency Department, an Urgent Treatment Centre, or another suitable service shortening the time you wait
- * Help keep our staff, you, your family and friends safe. Contacting NHS 111 in advance means we can keep everyone waiting in an Emergency Department safe
- * If it's not urgent you can call your GP direct or use NHS App to make a GP appointment or request a repeat prescription.
- * If you attend an ED options for your treatment will be discussed with you to ensure you get the right treatment for your needs. This may be at an alternative location.

Key communications activities

- * Engagement with the Council of Faiths and CCGs Patient and Public Participation Group has already taken place
- * Communications to staff in health and care settings about the objectives and key changes prior to launch
- * Share materials for staff in ED and other settings
- * Public facing messages including in ED
- * Engagement with local media after the soft launch 28/9
- * National/regional media campaign from end of October
- * Use feedback from patients to continually improve pathway

Equalities Impact

- * A detailed Equalities Impact Assessment has been carried out and signed off
- * Further work to develop messages targeted at key groups; those that don't traditionally use NHS 111 or who may find phone or online access to NHS 111 difficult
- * Interpreting services are available through NHS 111
- * Communications materials will be translated into the main languages used in Leicester, Leicestershire and Rutland

This page is intentionally left blank