



**when it's less
urgent than 999**

The role of NHS 111 in the patient flow pathway

(Thames Valley Integrated Urgent Care)

National Mandate

To provide the public with a **free-to-call single non-emergency number medical helpline** operating in England, Scotland and parts of Wales. The service forms part of each country's National Health Service and replaces the telephone triage and advice services previously provided by NHS Direct, NHS24 and local GP out-of-hours services.

Did you know?

- Call handlers use NHS Pathways which is a clinical tool used for assessing, triaging and directing the public to urgent and emergency care services
- The NHS Pathways clinical algorithm tool is now used across 999 and 111
- If you call 111 and need an ambulance (Cat 1 or 2) this will be automatically dispatched
- The only way to access GP out of hours is via NHS 111
- NHS 111 is supported by a Directory of Services which lists every urgent care service available in the Thames Valley and defines what types of illness/injury they can treat
- If they direct you to another service the call details will be passed to that service to avoid repetition (PEM)

Thames Valley Integrated Urgent Care

- Thames Valley CCGs (BW, BE, Oxford and Bucks) came together in 2016-17 to commission a new Thames Valley Integrated Urgent Care service
- Taking NHS 111 to “another level”
- Specification and tender exercise
- 5 year contract awarded to the TV IUC Alliance (SCAS, BHFT, Oxford Health and Bucks Healthcare)
- Service launched Sept-17

So what was different?

- 111 call handlers supported by a Clinical Advice service (CAS) incorporating
 - GP clinical leadership and triage
 - Dental nurses
 - Community Psychiatric nursing
 - Paediatric specialists
 - Prescribing pharmacists
 - Tailored support to Care Homes
 - Early intervention to certain patient cohorts (under 5s, over 85s, EoL)
- Direct booking of appointments into OOH services
- Improved support for self care and service navigators providing health information

Developments in progress

- Extending direct booking
- Enhanced assessment of cases recommended to either attend ED or low acuity ambulance dispositions (Cat 3 and 4)
- Tailored call backs for specific symptom groups
- Further integration with acute and community services
- Online access to signposting and symptom checking

NHS 111 Online launched in Thames Valley Jul-18

111OL Activity (31st July to 19th November)	Count of CCG
NHS Berkshire West CCG	2,005
NHS Buckinghamshire CCG	1,993
NHS East Berkshire CCG	1,328
NHS Oxfordshire CCG	2,816
Grand Total	8,143

Age of patient	Cases	Percent
5 to 10	368	4.5%
11 to 19	913	11.2%
20 to 29	2,814	34.6%
30 to 39	1,830	22.5%
40 to 49	1,023	12.6%
50 to 59	697	8.6%
60 to 69	298	3.7%
70 to 79	127	1.6%
80 to 89	59	0.7%
90+	16	0.2%

How is the service performing?

- Transfer rates to ED should be below 5%
 - YTD **4.5%**
- Transfer rates to 999 should be below 10%
 - YTD **10.4%**
- 50% of ED dispositions should be re-validated
 - October **55.8%**
- 50% of Cat 3 and 4 999 dispositions should be re-validated
 - October **96.3%**
- Calls answered within 60 seconds should be over 95%
 - October **76.6%**

Winter Resilience

- Clinician establishment on plan
- Staff Welfare Officers in place to support staff and reduce absence
- Conduit winter profile and providing additional hours from mid November
- Recruitment ongoing
- 15 new starters in November
- Further 17 in January
- Developing dual skill roles with 999 and PTS
- Development of Service Advisor roles
- Partnership working across the Alliance

Critical Success Factors

- Consistency of response for people supporting equity of access to services
- Reducing the number of access points for UEC
- Promotes a culture of self help and personal knowledge
- Resilient enough to meet surges in demand
- Clinical integration and governance
- Patient satisfaction – *“I only need to tell my story once and I will be directed to the most appropriate service for my needs”*