

Stakeholder Briefing

This briefing explains the improvements we are making to help patients access urgent medical services as safely as possible in Devon, while ensuring they are seen in the right place. We are sending you this Briefing in advance of our public campaign, so that you are aware of what we are planning.

Think 111 First - a new way to manage access to Emergency Departments

During the peak months of the coronavirus pandemic the number of people attending Emergency Departments (EDs), also known as A&E departments, across the country reduced dramatically, particularly those seeking help for minor illnesses. This helped ease pressure on our busy services but also meant that some who needed care chose not to access services as they did not feel safe to do so.

However, the numbers of people visiting ED has now risen back to near normal levels in Devon, but due to social distancing and infection prevention and control precautions, the space in EDs and other treatment centres has reduced by 30-50%. This means there is reduced physical space for seeing patients in those services.

Around 70% of ED attendances are made up of patients who walk in rather than being brought in by an ambulance or referred by a clinical professional. As patient numbers have increased, we need to make sure we can keep them safe in the reduced space in waiting rooms. We know that a significant proportion of those attending EDs could be seen elsewhere, for example by their GP, in a Minor Injury Unit (MIU) or Urgent Treatment Centre (UTC) if we help them access the right place.

To reduce risk of exposure to infection, it is not safe for crowding in EDs to return to pre-pandemic levels but asking patients to queue outside an ED is not an acceptable means of ensuring social distancing. We need to ensure that:

- ED is reserved for emergency patients - time-critical emergencies that may be life or limb threatening.
- Patients who do not need to attend ED are helped to go to the right place.
- Patients who need to access hospital services can go directly to the appropriate department in the hospital, and not via ED.

Think 111 First

We will shortly be launching a campaign aimed at advising and engaging with the public on how to make the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place – this will work be known as **Think 111 First**. This should help the public in choosing the right service and if they are unsure, be confident in contacting NHS 111.

Think 111 First is an approach that is currently being implemented across the country and makes it is easier and safer for patients to get the right advice or treatment when they urgently need it. Cornwall launched this approach in July 2020 and have since seen a 14% reduction in walk-in patients attending ED after they have been signposted or booked into more appropriate services.

NHS 111 was introduced in 2013 across the country and in Devon is currently provided by a local organisation called Devon Doctors. The service is available 24 hours a day, every day of the year and is intended for urgent but not life-threatening health issues. It complements the long-established 999 emergency telephone number for more serious matters.

Integrated with the out of hours GP service in Devon, 111 has been a successful model – every week, the Devon service receives 1200 calls and there are 500 visits to 111 Online for the area. The 111 service clinically reviews 80-90% of calls that have been signposted towards ED and low priority ambulance requests. This means the patient receives a call back from a clinical advisor to assess the need for ED or ambulance if the initial call-handler determines this course of action, and then appropriate action is taken. Higher priority ambulance requests are passed directly to the ambulance service to avoid delay.

We are now building and improving on the current arrangements with **Think 111 First**. The new approach will direct people to contact NHS 111 first, whether online or by phone, if they have an urgent – but not serious or life-threatening – medical need and in some cases, they will be able to book direct appointments/time slots into a service that is right for them, including ED.

Think 111 First offers people a different way of accessing and receiving healthcare, including a new way to access Emergency Departments. It means:

- NHS 111 is the first place a patient should contact when they experience an urgent health issue that is not immediately life-threatening.
- GP practices (in normal practice opening hours) will still be the place for patients to contact with anything they would normally contact their GP for.
- Reducing the need for a patient to go to a physical location when accessing healthcare.
- Reducing exposure to infection by ensuring patients do not need to congregate in ED waiting rooms.
- Ensuring patients get clear advice on what they need to do and where they need to go to resolve their health issue.
- Protecting those most at risk (e.g. people who are extremely clinically vulnerable from COVID-19) by giving them an enhanced service.

The benefits of using 111 online or calling NHS 111 first are:

- People will get to speak with a senior clinician earlier if they need to.
- If someone needs urgent face-to-face assessment or treatment, this can be arranged there and then, without any further delay. They will know exactly where to go, and when. This will help reduce waiting times for patients and they should be seen quickly when they arrive for their appointment.
- By advising people where and when to go, we can control queues/crowding and thus significantly reduce the risk of coronavirus transmission.
- The system also means people are more likely to get the right treatment, first time, and they will be more likely to get care closer to home, where possible.

Think 111 First aims to build on and embed the beneficial changes we have seen in the way in which patients have been accessing healthcare during the COVID-19 pandemic (for example, the use of video consultations).

The approach will be tested in Devon from October in what is called a “soft launch”. At that stage, we will be:

- Testing a process for email referrals from 111 to ED, as well as direct booking into selected community urgent care services such as MIUs.
- Developing alternative clinical pathways for people and a test of change around clinical validation – there are several common conditions that people currently attend ED with where they could be directed straight to the relevant department e.g. eye conditions, pregnancy complications.
- Briefing staff and stakeholders on the reasons for the improvements and how the system will be different this winter.
- Increasing the staffing locally to the 111 service to ensure we have enough call handlers and clinical advisors in place to manage the increased demand on the 111 service.

The “soft” launch is for us to test, behind the scenes whether the plans we have put in place are effective. We will not be publicising the “soft launch” to the public.

We then aim to fully launch the new model on 1 December, in line with the launch of a national public marketing campaign to raise awareness of Think 111 First.

Please note that the arrangements will not change for people with serious or life-threatening illnesses or injuries. People should continue to dial 999 as before.

People who attend an ED without contacting 111 first will not be turned away and will be prioritised depending on clinical need, as is the current practice.

We hope, over time that people will learn that calling 111 first gets them access to the right service in a timelier way than a long wait in ED might.

What the data tells us

For 2019/20, the data tells us that more than 140,000 people attended an emergency department in Devon without having first been directed there by 111, their GP or being brought there by ambulance

The data also tells us that the highest proportion of attendances are in parents of small children, and adults up to aged 40. This means that our communications campaign will be focused and targeted in a way that aims to reach the highest users.

Local clinicians have identified several pathways where patients currently attend ED, but where their care could be more appropriately managed somewhere else. The first of these, which we will test in October, are eyes and pregnancy complications.

During the soft launch and test of change around clinical validation, we will be seeking to maximise remote clinical assessment and management, utilising learning from other areas who have already adopted the new approaches with success. Through this test of change, we aim to reduce the numbers of people being directed from 111 to ED or having an ambulance sent to them.

Our aim from 1 December is that 20% of all people who go to ED as a walk-in attender are there because 111 has deemed it's the right place for them to be and signposted them there. Over time we would seek to see that increase to the point where the vast majority of people who walk into ED are there because they called 111 and they have been signposted there.

A clinically-led approach

Our planning for the new system has been developed by a group of clinical leaders and health professionals using local knowledge and expertise.

More health professionals are being employed to ensure the 111 service can respond to the expected increase in demand. Additional clinical staff will ensure that a high proportion of calls receive clinical input and advice can be provided over the phone, where possible.

Behavioural insight and potential effects on certain groups

The service will be continuously reviewed and improved and with a more formal review after three months to look at how well it is working, the experience of patients who have used it, the experience of clinicians who are delivering the services and to see what learning can be used to make further improvements.

We realise that some people are used to making their own way to our urgent and emergency care facilities without using 111 first, and that this new approach seeks to drive a change in behaviour for those that would not normally use 111. We have been doing some extensive engagement and behavioural insight work locally to ensure that communications are co-designed with our audience, including working with a lay member panel at the South West Academic Health Science Network and engagement through our online citizen's panel, known as Virtual Voices.

The Devon Virtual Voices (DVV) panel is formed of more than 1700 volunteer members to provide representative views and feedback on NHS services and priorities. The representation has been established using ACORN classifications which allows the segmentation of the population of Devon. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people, and recruiting the panel to these classifications, allows the panel to be truly representative of the population.

We will also be working with Healthwatch over the next few months to review the impact on certain groups of people to ensure no one is disadvantaged as part of these changes and we will be testing public campaign materials with local people in the run up to the launch of the public campaign in December.

How NHS 111 in Devon will operate from 1 December 2020

Anyone phoning 111 in Devon will have their details taken by a call-handler and asked an important set of initial questions, to ensure that an emergency response (for serious or life-threatening illness or injury) is not required and to gather key information.

If a clinical opinion is needed, the call-handler then passes all the information to a clinical team who will call the patient back. These clinicians are able to offer informed advice and/or refer the patient to the most-appropriate clinical setting.

The online version of NHS 111 works in the same way. People will be asked to complete the initial 'safety' questions, which will then trigger a call-back from a senior clinician if needed.

This new approach allows people to be referred into a wider range of services providing urgent care, increasingly with booked timeslots as the system matures. These services include:

- Local urgent treatment centres.
- Local minor injury units.
- Local out-of-hours GP treatment centres.
- Pharmacies.
- The nearest ED, including Derriford Hospital, North Devon District Hospital, Royal Devon and Exeter Hospital and Torbay Hospital (any time slot booking will always be subject to clinical priority).
- Other hospital departments.
- Mental health services.

NHS 111 has access to the full directory of services, including opening hours for each unit, so people are sent to the right place.