

Healthier Together



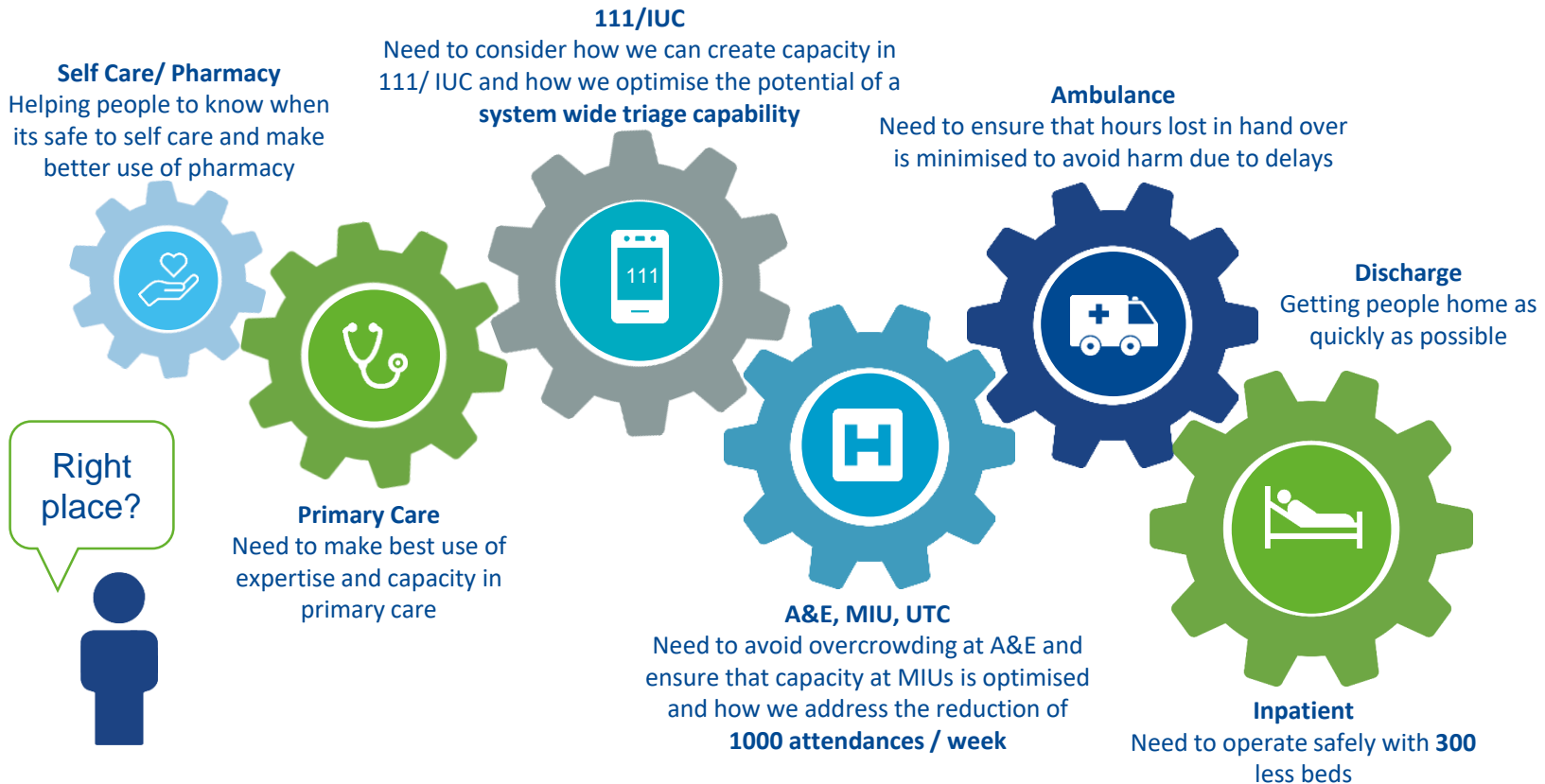
Improving health and care in Bristol,
North Somerset and South Gloucestershire

NHS 111 First

Update for North Somerset Health Overview Scrutiny
Panel



Our system response has to be connected & collaborative



The national vision. Why NHS 111 First ?

The opportunity for a whole system change where patients, however and wherever they access NHS services, are connected to, referred to and where possible booked into the most appropriate service to meet their needs

- First Mover sites have shown that this approach has redirected demand away from A&E
- Implementation has been shown to be possible in weeks with engagement and collaboration
- Reinforced by a national strategy/ expectation to implement
- Potential to empower/educate patients to access the right services. Considering what matters to people will create behaviour change
- To enable controlled flow and better use of our system resources.
- Enable our A&Es/ UTC and MIUs to plan and respond through the “heralding” of patients
- Creating the opportunity for A&Es to safely redirect patients to more appropriate services to meet their needs
- Enable the sharing of risk across the system instead of it resting disproportionately on a small number of services or individuals

<https://future.nhs.uk/NHS111covid/grouphome>

How will 111 First benefit patients of North Somerset?

- Consistent clinical triage to help people get to the right place first time is a central tenant of our BNSSG system wide Urgent Care Strategy
- Patients sent to A&E will clinically validated and 'heralded' to A&E preventing unnecessary journeys and long waits, where they could be seen by a more appropriate service.
- Patients appropriate for primary care in hours will be directly booked to their GP practice, resulting in improved continuity of care, which will improve patient outcome particularly for the elderly/vulnerable.
- 'No patient will be turned away' from ED should they be unable to access 111 due to lack of digital access, age, ethnicity etc.

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Programme Delivery



Programme Plan

NHS 111 First – Go Live Plan

2020

August

September

October

November

December

January

February

March

Phase 1 DESIGN/BUILD

- Capacity and impact modelling
- Clinical pathways / engagement
- Partner design sessions
- Public insights and User Experience
- 111 Recruitment
- Directory of Services changes
- Equality Impact Assessment

★ Soft launch/
heralding

Phase 2 - TEST

Daily clinical huddles – test
Evaluation and system monitoring

★ Public Launch
31st October

Phase 3 - REFINE

National Comms launched
Local Comms launched

★ National launch
1st Dec

System
Comms

Key Dates:

- End of September- Soft launch to include pathway changes to Directory of Services and 'heralding' of patients to A&E
- 31st October- Public launch of 111 First across BNSSG
- 1st December- National launch of 111 First

Clinically led programme

Although a national approach the local system is committed to developing a model best suited to respond to our population need. This means that it is:

- Driven by clinical group – meets weekly representation from ED, MIU, UTC, primary care and ambulance clinicians. This has built a foundation of trust and understanding
- Learns from other early implementers (including Cornwall), particularly around the importance of engagement
- Design sessions held to deep dive into pathways across all parts of the system. ED, MIU/UTC, Social Care, Mental Health, Primary Care, Pharmacy.
- Approach is to develop and evaluate the right pathways for our population.
- Challenge ourselves - What can we do today/ tomorrow – not in weeks or months time
- Clinical huddles will review cases and make iterations and tweaks to the approach

Engagement strategy – and objectives

The benefits of NHS 111 First are recognised, understood and acted upon across BNSSG; whether you're a member of the public, the system, or a wider stakeholder.

The public: understand that they will get a faster and better experience of care by using 111 First.

Understand that Covid has changed the way we can deliver services safely, and there's less space in ED.

Know that 111 First is different from what they've experienced previously, i.e. booking in.

Adapt behaviour on this basis – using 111 to get to the right care first time.

The system: understand the public will get a faster and better experience of care by using 111 First.

Understand the service as enabling effective system-wide triage and redistribution of demand (5YP).

Feel well informed and confident of their own role in delivery and how to engage with the programme.

Adapt behaviour on this basis, supporting 111 to get people to the right care first time.

Impact on equalities

Summary explanation of the main impact Mitigations in place

Elderly patients are less likely to use online methods and video consultations

Older people more likely to have dementia which will create obstacle to using the service effectively and getting access

Older people are more likely to require hospital admissions eg. due to falls, heart attack. Stroke patients wrongly delay calling 999

Children are particularly vulnerable as it is not always obvious what the illness/problem may be

Younger adults more likely to engage with new technology and online methods

The ability to use existing methods to access healthcare will remain.

Algorithms are in place for callers who require communications support and/or urgent and immediate care

Explain the safety and care of babies and children have been considered

As part of the NHS 111 specification, if an ambulance is required it should be dispatched electronically, with verbal transfer capability for business continuity (using audio conferencing with 999), there will be no resulting delay to the patient for calling 111 in error.

Encouraging younger adults to use/online methods and engage with new technology (such as video consultations) to access healthcare where appropriate makes it less likely for those who may have otherwise presented at ED to do so.

The NHS 111 algorithm will assess the clinical requirement of the caller and ensure they are directed to the most appropriate place of care. This will ensure that ED are maintained for those patients with the appropriate need.

111 First Engagement

- Clinically led programme with design sessions carried out with all key pathway areas including mental health, social care, and pharmacy
- Clinical leads huddle established on a weekly basis
- Equalities stakeholder group set up to review concerns and test clinical model
- Patient engagement sessions taking place w/c 5 October, to provide focus on Mental Health, Children's, A&E and Primary Care messaging with the aim of addressing 'trust' in the service, 'testing' the clinical model from a patient perspective, and first comments on 'concept messaging'.

111 First Communications

First look at national communications which will be linking all health campaigns around one word.

'JUST'

A little word that excuses a lot

Often people are hesitant to seek help.

They don't know what to do.

Or they don't want to do it.

They may belittle the risk.

Or excuse themselves, not wanting to be a nuisance.

Many of these excuses begin with the word "Just"
...and the barriers build from there.

We are going to take on every 'just' barrier,
And help people know 'just' what to do.

This will land the reciprocal nature of "Help us help you".

NHS

"I'LL JUST GO TO A&E"

JUST USE 111. WE'LL HELP YOU.

So we can see people safely at your Emergency Department, we're now asking you to call ahead for a time to arrive.

If you think you need to see us, call 111 immediately and we'll send you to the best place for you to get seen, safely and quickly.

Use 111 first help us help you

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Thank you