14 January 2021	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Accessing GP Appointments / Think 111 Campaign	
Wards and communities affected: All	**Key Decision:** None
Report of: Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group	
This report is Public	

1. Introduction

1.1 The Health Oversight and Scrutiny Committee requested a report on changes in accessing health care services since the start of the COVID pandemic, with focus on 111 and primary care.

1.2 This report will brief members of the committee on the local implementation of the national Think NHS 111 Programme. The report will provide the rationale for the changes as well as an update on local implementation.

1.3 A verbal update will also be provided regarding access to primary care. Primary care continues to respond to the rapidly changing impact of the pandemic. Therefore, a verbal update will provide the latest information in a rapidly changing pandemic response.

2. National Think NHS 111 First Programme

2.1 In May 2020, the Royal College or Emergency Medicine issued a position statement – COVID-19: Resetting Emergency Department (ED) Care which stated:

"COVID-19 has brought significant disruption to the way medical care is delivered across all areas of clinical practice. As we move from a pandemic to an endemic state, delivery of care must adapt…. This position statement makes recommendations.

The recommendations about how care in EDs needs to be transformed support five fundamental aims:

1. *Emergency Departments must not become reservoirs of nosocomial (hospital or healthcare acquired) infection for patients*

2. *Emergency Departments must not become crowded ever again*

3. *Hospitals must not become crowded again*

4. *Emergency care must be designed to look after vulnerable patients safely*

5. *Emergency Departments must be safe workplaces for staff.*

If we do not do this, people will die of avoidable nosocomial infections".

2.2 To respond to the emerging requirements, NHS England established a national Think NHS 111 First programme with an aim to consolidate alternative services and routes of access for lower acuity patients, whilst maintaining access for those who need to services of Emergency Departments and hospitals.

2.3 NHS East of England established a number of regional work streams to support delivery of the five national 'must do' minimum requirements by 1 December 2020.

2.4 The table below shows the five national 'must do' minimum standards:

National Requirement
Increased NHS 111 capacity: it is essential that 111 services have enough capacity to manage the additional call volumes that will be diverted from other activity channels. The service must be able to absorb call volumes that are equivalent to 20% of the unheralded ED activity within their geography.
The availability of alternative secondary care dispositions to users of NHS 111 services, in order to bypass ED. System should also develop pathways for direct referral into other primary, community and mental health services.
The implementation of an ED referral and booking system for users of NHS 111 services, giving the ability for patients requiring ED care following an NHS 111 assessment to be booked into a time slot at their local ED.
Participation in evaluation and monitoring to enable NHS England and Improvement to undertake a quantitative and qualitative evaluation of the programme.
Coordinated communications strategy. Clear, targeted marketing and wide-ranging stakeholder engagement will be required to successfully develop local systems and affect public behaviour in the adoption of the Think NHS 111 First model of access to urgent care services.

3. Mid and South Essex Think NHS 111 First Programme

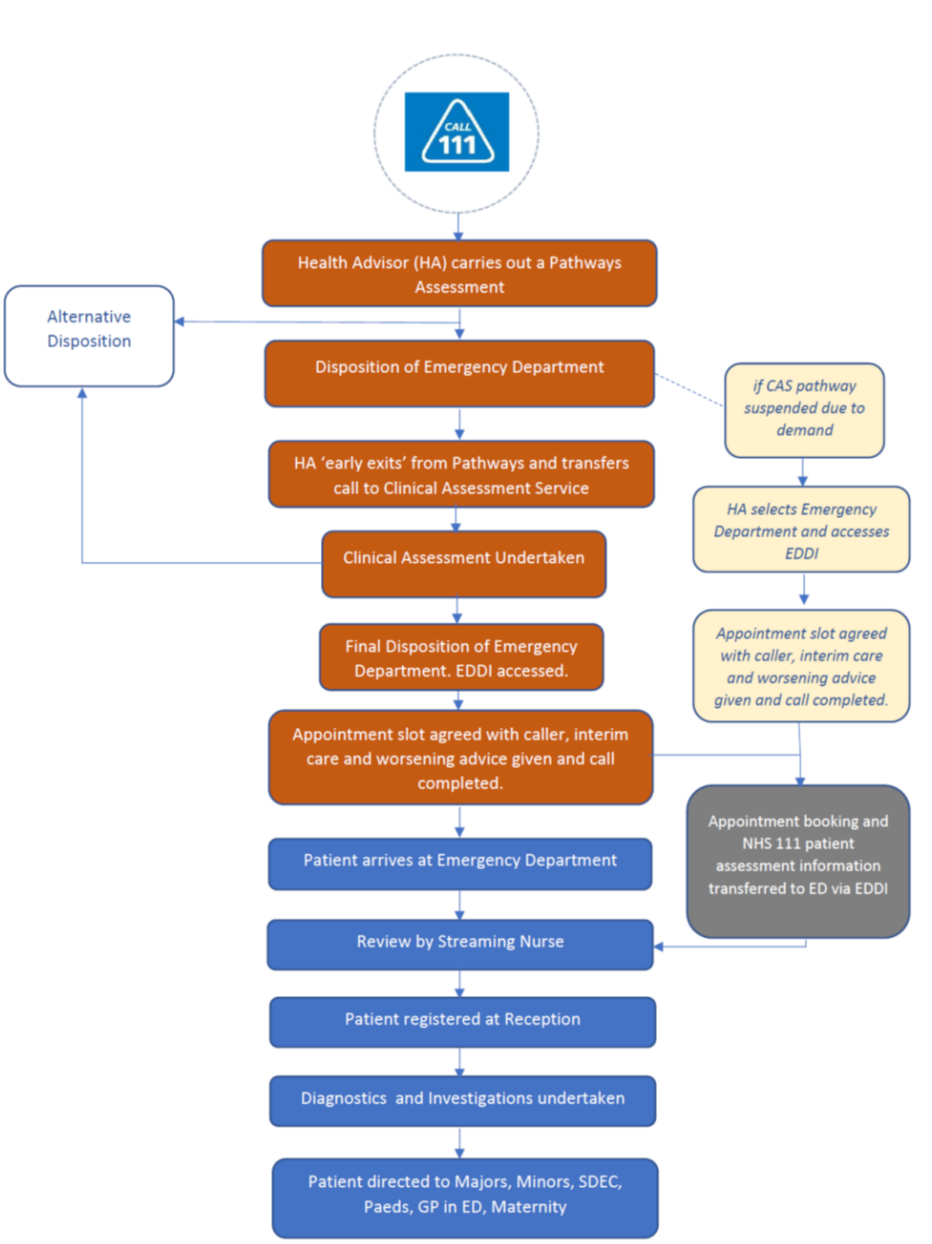
3.1 The Mid and South Essex service went live, as planned, on the 1 December 2020.

3.2 The Think NHS 111 First programme is an enhancement on the existing service offer within Mid and South Essex. Mid and South Essex were in a strong position to deliver the national requirement because a number of elements were already in place.

These includes:

- Implementation of 24/7 access via NHS 111 to Mental Health Crisis line in April 2020.
- Direct referral pathway into SDEC (acute medical, paediatric, frailty and surgical assessment units) from the Clinical Assessment (CAS) and Out of Hours elements of our IUC service.
- 24/7 Clinical Assessment service, and full delivery of national IUC specification, has been in place since July 2018.
- Video consultation within NHS 111 (IUC) implemented.
- Direct Booking into Primary Care implemented.
- Paediatric Clinical Assessment Service support commenced August 2020.
- Referral pathway from and into IUC from the Urgent Community Response Teams.
- A proof of concept pilot at Broomfield for 111 triage of unheralded patients presenting to ED agreed.

3.3 The following diagram shows the new Emergency Department referral and direct booking pathway:



3.4 The key features of the pathway are:

- Patients calling NHS 111 will initially complete an assessment using NHS pathways with a Health Advisor (HA).
- After reaching an appropriate Emergency Department (ED) disposition, the Health Advisor and transfer the call to the Clinical Assessment Service (CAS).
- A CAS clinician will assess the patient within 30 minutes.
- If the outcome of the assessment is for an ED appointment, this will be booked into the agreed service.
- Patients will be advised to arrive at ED no sooner than 15 minutes prior to their booked slot.

- Heralded patients arriving at ED will be reviewed by the streaming nurse within 15 minutes to check there has been no deterioration.
- The aim is for heralded patients to be seen within 30 minutes of their appointment time.

3.5 The new service will be monitored and evaluated locally and nationally. This will include:

- Daily, operationally focussed report (National sitreps and local metrics).

- Post Launch Calls will review prior days activity via the new pathways, identify any issues and share any initial patient or staff feedback.

- Monthly Dashboard will consolidate the information from daily sitreps into a monthly position and report on wider metrics including patient outcomes, system impact on non-acute services such as primary care, UCRT and mental health and qualitative measures including feedback from patients and staff.

- End of End Reviews to allow the group to follow the patient through ED or SDEC to their final outcome.

3.6 Quality and Equality Impact Assessments have been carried out for the local Think NHS 111 First Programme. Overall the EQIA was positive with no negative impacts identified.

3.7 The most common positive impact was that all patients accessing Emergency Department services will go through the NHS 111 triage process and be directed to the most appropriate service for the patient. This will subsequently reduce risk of nosocomial infection within ED Departments which will have a positive effect on high risk groups such as the elderly who are more susceptible to risk of infection.

3.8 It was also noted that NHS 111 First is an enhancement to existing services and the ability to use existing methods to access healthcare will remain. Patients accessing Emergency Department services will never be turned away, redirection to a more appropriate service is by consent only.

3.9 The local communication campaign will work alongside the national campaign.

3.10 To date the team have undertaken extensive pre-live engagement internally and with external partners including MPs.

4. Primary Care Access

4.1 A verbal update on the changes to access to primary care in Thurrock will be provided. This will enable us to provide the most up to date information in a rapidly changing response to the COVID pandemic.

5. Conclusion

5.1 The Health and Wellbeing Overview and Scrutiny Committee are requested to note the content of the report and the verbal update.

Report Author:

Mark Tebbs

Deputy Accountable Officer

Thurrock NHS Clinical Commissioning Group