

NCL NHS 111 FAQs for healthcare professionals and leaders

When can NHS 111 be accessed and how?

NHS 111 is available 24 hours a day, 7 days a week.

To get help from NHS 111, you can:

- go to 111.nhs.uk (for people aged 5 and over only).
- call 111 for free from a landline or mobile phone (all ages).

What is 111 First?

111 First is a national programme that aims to get people to contact NHS 111, whether online or by phone, if they think they need to attend an Emergency Department (ED/A&E) to treat an urgent, but not serious or life-threatening, medical need.

The new system reflects new safety measures for seeing patients in EDs and other treatment centres because of the pandemic, preventing the spread of infection by preserving social-distancing, and segregating people with and without Covid,

In London, NHS 111 providers are already able to book appointments for patients at the majority of Urgent Treatment Centres and this is being expanded to include EDs/A&Es.

Since 30 September 2020, people contacting 111 that are local to five hospital sites in London (Royal London Hospital, North Middlesex Hospital, Chelsea and Westminster Hospital, Queen Elizabeth Hospital Woolwich, Croydon University Hospital) and who are assessed as needing to attend an ED/A&E, have been offered a booked timeslot in A&E and advised where they need to go for treatment.

This service expanded to more sites in October, including Barnet Hospital, with the aim of covering the whole of London by 1 December.

Information about the patient will be transferred from NHS 111 to the receiving ED, including whether the patient is on the National Shielded List, enabling the ED reception to prepare for their arrival. This will enable hospitals to better manage how patients flow through EDs, reducing overcrowding in waiting rooms and maintaining safe a distance.

How do patients benefit from calling 111 First?

- People will get to speak with a senior clinician earlier and get the right treatment first time.
- If someone contacting NHS 111 needs urgent face-to-face assessment or treatment, this can be arranged there and then, without any further delay. Patients will know exactly where to go, and when. This will help also reduce waiting times for all patients.

- By advising people where and when to go, queues/crowding in ED/A&E waiting rooms can be controlled and the risk of coronavirus transmission significantly reduced.

What is the rationale for these changes?

We (the system) need to develop new services and manage existing resources within the urgent and emergency care system to:

- make sure patients who need emergency resuscitation or immediate intervention get to the Emergency departments as rapidly as possible in a safe environment
- get patients who need urgent but not immediate resuscitative emergency care to an appropriate alternative service in our healthcare system
- reduce the number of patients in ED and UTC waiting rooms to minimise nosocomial infection
- maximise the effectiveness and capacity of 111 in supporting self-care, direction to their own GP and in some circumstances scheduled appointments in urgent treatment centres or emergency departments
- support the continued focus of the London Ambulance service on providing emergency care to the most seriously ill or injured – ensuring LAS also can access alternative appropriate services
- support patient access to mental health services wherever they present for urgent and emergency care

Do clinicians work for NHS 111?

Yes. Clinicians play an important role in NHS 111, with more than **two in three people** who call 111 speaking to a nurse, doctor, pharmacist or paramedic.

Clinicians oversee 111 calls, providing guidance and taking over the call if a patient has more complex needs. 111 Clinicians also have access to individual care plans, mental health crisis plans and lists of shielded patients, which means that they can deliver the best and most efficient care possible.

All 111 service GPs have video conferencing facilities available to support their clinical consultations.

Will NHS 111 be able to cope with the extra calls?

To support the service and to deal with any increased pressure as we go into the winter period, capacity in the 111 service has been expanded significantly. This means that more doctors, nurses, pharmacists, paramedics and trained health advisors than ever before will be available to respond to Londoners' health needs.

Around 2,500 111 staff look after Londoners 24/7 365 days of the year – and this number will be expanded by 644, including 166 more doctors, nurses, pharmacists and paramedics.

How does this ease pressure on other services?

In many cases NHS 111 clinicians and call advisors can give patients the advice they need without using another service such as ED (A&E). In fact, only around 10% of patients calling 111 are referred into an Emergency Department.

By reducing the numbers of patients attending ED, 111 First relieves pressure on busy departments and reduces the risk of Covid-19 transmissions in waiting areas.

How long will it take to ring 111 and will patients need to repeat information?

Last year, NHS 111 dealt with over 3 million calls, with the average call being resolved in eight minutes.

Sometimes NHS 111 will need to ring the patient back, and the average call back time is around nine minutes.

111 clinicians can see patients' own GP records to support their clinical decision making in the 111 call.

111 repeat callers are automatically identified meaning information about the original call is available to 111 which prevents the patients being required to repeat their story.

Isn't NHS 111 just an information line?

No – NHS 111 is much more than information line.

NHS 111 helps to get the patient to the right service for their clinical needs first time.

NHS 111 can make direct appointments at GP surgeries and Urgent Treatment Centres - as well as send an ambulance should the patient's condition be serious or life-threatening.

People contacting NHS 111 that are local to North Middlesex Hospital or Barnet Hospital and are assessed as needing to attend an ED, will be advised where they need to go for treatment and a timeslot will be booked for them. This will drastically reduce the time typically spent queuing in waiting rooms. This service will be rolled out to every London A&E by 1 December.

Callers with urgent dental issues are quickly routed to a dental nurse service who can advise on pain management and if required booked into an emergency dental appointment.

NHS 111 will also be able to schedule patients into Same Day Emergency Care (SDEC) services later this year, bypassing the need to attend Emergency Department altogether.

How are call handlers trained?

NHS 111 health advisors undertake a rigorous training programme lasting at least 10 weeks. What they say and the questions they ask have been developed by the country's leading doctors to ensure patients get the right care. A multidisciplinary team of clinicians (including nurses, doctors, paramedics and pharmacists) also oversees 111 calls, providing guidance and taking over the call if a patient has more complex needs.

The NHS 111 clinical algorithm automatically triggers an immediate ambulance dispatch if the patient's symptoms are considered serious, life-threatening or in need of emergency treatment.

Can NHS 111 book into all of London's Emergency Departments?

By 30 September, people contacting 111 from a location near five hospital sites in London (Royal London Hospital, North Middlesex Hospital, Chelsea and Westminster Hospital, Queen Elizabeth Hospital Woolwich, Croydon University Hospital) and who are assessed as needing to attend an Emergency Department (ED), will have a timeslot booked for them at their nearest ED. This service will expand to more sites in two waves, with the aim of covering the whole of London by 1 December.

Is NHS 111 only for physical health problems?

Callers in mental health crisis who call 111 are assessed with the same care as callers with physical symptoms. Once assessed, callers will be transferred to local mental health crisis services to ensure they receive timely specialist mental health support.

What if a patient turns up to an Emergency Department (ED/A&E) without a booked slot?

If people do make their own way to EDs/A&Es and UTCs, they will continue to be seen. Patients needing emergency treatment will be prioritised, however those whose conditions are not as urgent may need to wait elsewhere or will be asked to return for a later appointment. Using 111 first will ensure that patients get quicker, safer care in the right environment and will help us to better control the risk of the coronavirus spreading.

When should people call 999 or what if they are unsure if their symptoms are serious or life-threatening?

Arrangements will not change for people with serious or life-threatening illnesses or injuries, who should continue to dial 999 as before.

If someone is not sure what to do, they should call 111 and a fully trained health advisor can put them straight through to a healthcare professional or dispatch an ambulance if needed.

How can NHS 111 First help those who struggle with communication or hearing, or do not have English as their first language?

All 111 providers follow The Accessible Information Standard, meaning that people who have a disability, impairment or sensory loss get information they can understand and any communication support they need, e.g. British Sign Language.

For those who have difficulties communicating or hearing, they can:

- tell the call handler that they need an interpreter
- call 18001 111 on a text phone or using the Next Generation Text (NGT) Lite app on their smartphone, tablet or computer; or
- use the NHS 111 British Sign Language (BSL) interpreter service if they are deaf and want to use the phone service.

How can NHS 111 First help those who do not have English as their first language?

NHS 111 in north central London (covering Barnet, Camden, Enfield, Haringey and Islington) uses LanguageLine, a phone translation service for people who do not have English as their first language. LanguageLine enables patients to communicate in over 200 languages 24 hours a day, 365 days a year, connecting callers to a professionally qualified interpreter using any phone in under a minute.

Once a patient has been referred by a GP on 111, how long will they have to wait to be seen in another setting?

The timescale can vary from as little as one hour or longer, depending on clinical need, as assessed by the GP. The electronic referral record contains information about the patient's symptoms and the assessment carried out to date meaning all the information is readily available for the next appointment.

Can a GP refer based on a virtual, video and/or phone consultation, as well as face-to-face?

Yes, GPs have been using phone consultations, and more recently adding video consultations, for many years in out-of-hours settings and can refer based upon this type of assessment. Now all 111/Integrated Urgent Care services in London use video where appropriate to enhance their phone consultations. In addition, many GP practices offer this type of 'remote' consultation, leading to a face-to-face consultation only where required. In many cases, 'remote' consultations are more convenient for the patient, especially where young children and the elderly are involved.

Who was involved in deciding what changes needed to be made in London?

London's approach has been developed by a range of specialists including hospital consultants, GPs, nurses, paramedics pharmacists, social workers, mental health specialists, NHS 111 teams in the capital, using local knowledge and

expertise. This approach is similar to that being used across the rest of the country but we have also spoken with a number of people from across the capital to get their views and considered their feedback as part of the design process, ensuring the approach works for Londoners.

Is there a safety net in place if a patient does not attend (DNAs), as recommend by the 111 triage outcome?

As part of the clinical sign-off and service operation discussions, 111 and the receiving ED/UTC will agree the transfer of patient care, and therefore the responsibility for following up DNAs.

For referrals from 111 to an Emergency Department, if a patient does not attend for their allotted ED slot then the clinician managing that stream of patients should review the referral message from NHS 111 and contact the patient if there are:

- any safeguarding concerns; suicidal, vulnerable, known safeguarding issues.
- any clinical concerns and the clinician feels that the patient may deteriorate without medical intervention.

If an ambulance or transport is required does this need to be redirected and placed as a 999 call?

111 staff have always had the ability to dispatch an emergency ambulance based on the outcome of their clinical assessment. This means that the patient is not disadvantaged if they have a 999-level need but call 111 instead.

What is Same Day Emergency Care?

Same Day Emergency Care (SDEC) is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

For example, a child with chronic asthma will have access to the care they need without having to be admitted to busy wards or sit alongside unwell patients in waiting areas. They can then return home the same day, if clinically safe to do so.

SDEC services treat a wide range of common conditions including headaches, deep vein thrombosis, pulmonary embolus, pneumonia, cellulitis, and diabetes.

How will patients be booked in with GPs?

London is adopting NHS Digital's GP Connect Appointment Management functionality which allows NHS 111 to view GP practice appointment schedules and book patients into their own GP practice or GP hub.

How will patients be booked into EDs?

London is using a locally-developed NHS mail-based system which also allows shielded patients to be easily identified. Booking slot information is

collected from EDs/A&Es and uploaded to an IT system that can be accessed across emergency and urgent care services.

How do you report concerns if referrals from other practice healthcare professionals or members of staff are not prioritised?

There is a robust Healthcare Professionals feedback process that GPs can follow locally to raise any concerns around referrals to and from NHS 111.