NHS 24
BOARD MEETING

22 APRIL 2021
ITEM NO 8.2
FOR ASSURANCE

REDESIGN OF URGENT CARE

Executive Sponsor:	**Director of Service Delivery**
Lead Officer/Author:	**Director of Service Delivery**
Action Required	The Board is asked to note this progress update transition from phase one to phase two of the programme nationally.
Key Points	Key points to note are : 1) Ongoing recruitment following confirmation of funding for 2021/22. Overall increase of 222 fte call handlers and 45 fte clinicians to support this work, however, this demand is not in isolation of the overall demand across the 111 service and the need to ensure capacity for that full operation. 2) Conclusion of the work of the short-life working group looking at the inclusion of children under 12 within the pathway. 3) Decision to delay any further national communications and marketing to reflect the workforce challenges both for NHS 24 but also within Boards in increasing capacity within their flow navigation centres.
Financial Implications	Funding for 2021/22 has been confirmed based on a 75% demand assumption. This equates to £17 million full year, however, the trajectory of recruitment is expected to require £12 million in year.
Timing	Pathfinder implementation 3rd November 2020 National implementation 1st December 2020
Contribution to NHS 24 strategy	Delivery of high quality sustainable services and improving access to services are key strategic priorities for NHS 24
Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)	The redesign of urgent care is a whole system programme and NHS 24 is contributing to that. The aim of this redesign work is to ensure patients and public can access urgent care effectively and ensure patient and staff safety is maintained during the ongoing pandemic.
Equality and Diversity	A full EDIA has been completed by NHS 24 and the national programme.

1. BACKGROUND

1.1 The Board is aware that full roll out of the national urgent care pathway was successfully completed on 1st December 2020, following a pathfinder with NHS Ayrshire and Arran throughout November. From a NHS 24 perspective, the roll out of the urgent care pathway has been successful. The broad experience of the pathfinder with Ayrshire and Arran has been replicated as all Boards have come on line and, whilst there is variation in terms of the configuration of local systems and flow navigation centres, the essential components of the model and the pathway are in place. This paper gives an overview of activity to date, key developments and ongoing challenges.

2. OVERVIEW

Demand

2.1 Between 1st December and 31st March, a total of 299,380 urgent care records have been created by NHS 24 through the 111 service. This does not include COVID, dental or mental health calls, which are over and above this activity although routed through the 111 service but represents the total in and out of hours records created for the urgent care pathway and the out of hours service.

2.2 Some key points to draw out from the data are:

- 33,581 (11.2%) resulted in a direct to ED / MIU referral outcome with around 25-30% of that children under 12, currently all routed directly
- 28,138 (9.4%) resulted in a referral to the Board flow navigation centres (FNC). The split of direct to ED or through the FNC has remained constant at 54/46% respectively. This reflects the position as regards under 12s where these are currently routed direct to ED. Following the return of schools this year, the proportion of ED referrals that were for children under 12 was as high as 33%, so this continues to have an impact on the flow of calls from NHS 24 to the FNCs in Boards. The short-life working group completed its review during this period and has recommended inclusion of under 12s in the pathway by end April, which is expected to increase the flow of calls to local FNCs.
- 999 ambulance outcomes have remained consistent with previous levels at 6.1%.
- Referrals to the OOHs services within Boards have been marginally higher than in the pathfinder with NHS A&A, reducing slightly into March, but consistent since the pathway was introduced nationally at 45.5%; they remain below previous levels of 55-60% consistently.
- 44,575 (14.9%) of outcomes have been self-care by NHS 24, with a further 37,209 (12.4%) being advised to contact their GP, pharmacy or another

healthcare professional but not as a referral. This equates to 81,784 (27.3%) of all urgent calls requiring no partner action.

- A total of 29,311 (9.8%) records have resulted in advice to contact the patient's GP, however, this varies across the week. We are in discussion with primary care colleagues to explore how we can build on the existing notification of GPs via email of any call to the 111 service and ensure we minimise the potential of any unintended transfer of demand from in hours general practice to 111.

- In addition to the urgent care pathway, a total of 21,466 mental health records have been created through the 111 mental health hub over this period of time. Only 208 (0.9%) of these have been referred to ED, 1,204 (5.6%) to 999 ambulance, with 1,262 (5.9%) resulting in a DBI referral and 10,825 (50.4%) receiving self-care through NHS 24 hub staff. 2,613 callers have been advised to contact their own GP (12.2%).

Transition to Phase 2

2.3 Phase 1 of the national programme was focussed on the implementation of the self-presenter pathway through 111. Two pieces of work were outstanding against this first phase – the review of the pathway for children under 12 and the timing of the national public messaging to support a 'harder' launch of the pathway.

2.4 A short-life working group was commissioned by the national programme to review the paediatric activity. Since December, where there is an outcome of a referral to ED that is always a direct referral from NHS 24. The proposal is to bring these calls in line with all other calls through this pathway where, following triage at NHS 24, children can be referred to the FNC where they may require further consultation or can be more appropriate routed to minor injuries for instance. The pathfinder with NHS Ayrshire and Arran clearly showed the value of this option for this cohort.

2.5 The short-life working group was led by a Consultant Paediatrician and NHS 24 had input into the group along with other representatives from the programme and the system The group recommended to the Strategic Advisory Group at the end of March that under 12s should be included in the pathway, subject to all Boards confirming a set of requirements were in place and a confirmed state of readiness, as per the implementation of the pathway in December. For NHS 24, there is no significant impact in terms of demand as these calls are already coming through 111, however, it does offer staff a further option to reduce ED attendances and bring this in line with the full patient cohort. There will be no change to the pathway for children under 18 months who will continue to go directly to ED.

2.6 The public messaging communications and marketing campaign has been paused. This reflects the balance of risk in significantly increasing demand to 111 where the workforce capacity is not yet fully up to the levels required to meet that demand. Following further discussion with Scottish Government, the workforce requirement and associated confirmed funding is based on the assumption that 75% of the 860,000 self-presenters will route through 111. This equates to a target of 677fte call handlers and 195fte clinical supervisors assuming a median 3 minutes to answer and an average handling time of 1150 seconds. Any change to these assumptions will affect the overall requirement and, indeed, the timescales for progressing recruitment and work is underway to both agree the time to answer and reduce the average handling time and efficiency of our resource capacity. At this point, following the soft launch, there has been a c25% increase in calls to 111 and the data group within the national programme is also reviewing the assumptions based on actual data four months post-launch. NHS 24 has a significant programme of recruitment underway since December to reach the now agreed and funded workforce levels. This will continue into the summer.

2.7 Phase two consists of five headline workstreams with technology as a sixth enabling workstream. The five are – mental health, primary care, community pharmacy, Scottish Ambulance Service, and MSK. NHS 24 will input to each of these workstreams, and the detailed planning against each one is being progressed by the national programme team, which will allow for phase 2 of the internal redesign of urgent care programme to be set out. An initial workshop was held at the end of February where the notional lead for each workstream outlined the key areas of focus, however, at the time of writing this has not yet translated into a detailed plan. Some work is progressing nevertheless, for instance discussions with primary care colleagues in terms of callers advised to contact their own GP. Recruitment is also underway for a joint SG / NHS 24 AHP lead post hosted by NHS 24 to review the MSK pathway nationally within the urgent care context, moving the focus of this from the pre-existing scheduled care service into a broader model reflecting the developments across the system throughout the pandemic and further updates to both Clinical Governance Committee and the Board on this will be provided over the coming months.

3. RECOMMENDATIONS

3.1 The Board is asked to note this progress update and the current transition from phase 1 to phase 2 at a national level.