

**NHS 24
BOARD MEETING**

**17 JUNE 2021
ITEM NO 9.4
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	<p>Key points to note are :</p> <ol style="list-style-type: none"> 1) Inclusion of children over 18 months and under 12 years successfully went live nationally on 1st June and has had an immediate positive effect on the proportion of calls to the flow navigation centres within Board. 2) Conclusion of discussions as regards expansion of public messaging to include radio and TV campaign planned for June / July, aligned to NHS 24 recruitment and anticipated demand. 3) Recruitment continues in line with planned trajectory and as at June stands at 80% against target for both call handlers and clinical supervisors.
Financial Implications	Funding for 2021/22 has been confirmed based on a 75% demand assumption. This equates to £18 million full year, however, the trajectory of recruitment is expected to require £12 million in year.
Timing	<p>Pathfinder implementation 3rd November 2020 National implementation 1st December 2020 Inclusion of under 12s 1st June 2021</p>
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 26th May, a total of 473,199 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:

- 55,130 (11.7%) resulted in a direct to ED / MIU referral outcome with around 25-30% of that children under 12 all routed directly.
- 45,084 (9.5%) 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.
- 999 ambulance outcomes have remained consistent with previous levels at 6.2%.
- Referrals to the OOHs services within Boards have been marginally higher than in the pathfinder with NHS A&A, reducing slightly into May, but consistent since the pathway was introduced nationally at 45.2%; they remain below previous levels of 55-60% consistently.
- 69,247 (14.6%) of outcomes have been self-care by NHS 24, with a further 59,120 (12.5%) being advised to contact their GP, pharmacy or another healthcare professional but not as a referral. This equates to 128,367 (27.1%) of all urgent calls requiring no partner action.
- A total of 45,604 (9.6%) 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 33,416 mental health records have been created through the 111 mental health hub over this period of time. Only 327 (0.9%) of these have been referred to ED, 1,938 (5.8%) to 999 ambulance, with 1,903 (5.7%) resulting in a DBI referral and 16,694 (50%) receiving self-care through NHS 24 hub staff. 4,094 callers have been advised to contact their own GP (12.3%).

Phase 1 – outstanding work

- 2.3 The Board is aware that a short-life working group was established to review the inclusion of children aged >18 months and < 12 years of age into the FNC pathway. The recommendation of the SLWG was that this should proceed subject to confirmation of readiness by all Boards, including NHS 24, as to the staffing within their FNC and recognising the continued levels of COVID at that point. The Strategic Advisory Group approved the recommendation and, following confirmation of Board readiness and Cabinet Secretary approval, the pathway was extended to include this cohort with effect from Tuesday 1st June.
- 2.4 This is not new demand for NHS 24, rather it gives staff the option to route patients to the FNC for further consultation and scheduling as appropriate where an ED / MIU outcome is the result of the triage process. A new endpoint has been created and tested ahead of go live which will only be presented to staff where the patient falls within that age bracket, and the FNC is expected to call the patient back within 2 hours rather than the 4 hour window for adults; this reflects the recommendation of the SLWG.
- 2.5 There are clear benefits to be derived from the inclusion of children in the FNC pathway. This accounts for just over 12% of all 111 demand but 30.5% (16,594) of all the referrals to ED since the launch of the pathway. There is a significantly higher rate of referral to ED for this cohort of patients, 31.5% compared to 11.7% for all 111 calls.
- 2.6 The changes to the pathway came into effect successfully on 1st June as planned with an immediate positive effect on the proportion of calls to the FNC, and in the volume of calls to the FNC. In the initial days following launch the proportion of calls to FNC was over 60% compared to c45%. This is higher than the proportional split seen during the pathfinder with A&A and we anticipate it settling nearer to 55% over time; it is likely that the current higher number of calls from children is influencing that higher rate, however, it illustrates the evident opportunity that the FNC outcome offers to improve the pathway for children.

- 2.7 The second key piece of work that remained outstanding from the initial phase of the programme was the national public messaging. The proposal is to implement radio, social media, and TV campaign across June and July, with monitoring throughout to ensure there is both an evaluation of the impact of public messaging but also reflecting the timescales of NHS 24's recruitment. As at June, NHS 24 is 80% towards target in terms of recruitment of call handlers and nurse practitioners based on the assumption that 75% of the current self-presenter demand will be routed through the 111 service. Whilst we do anticipate an initial spike in demand as a result of the public messaging, this is acknowledged by the programme nationally and the balance of risk relative to recruitment trajectory has increased the level of comfort in launching the media campaign at this stage.
- 2.8 Since end April, with the initial easing of lockdown in Scotland, we have seen an increase in call volumes to the 111 service. Up to this point, that increase was primarily during the in hours period, however, in recent weeks there has been a marked increase in out of hours activity. This recent increase is not limited to NHS 24 and there has been a wider system increase in activity, however, from an NHS 24 perspective, we are now sitting at the 50% increase in demand prior to the wider public messaging campaign.
- 2.9 A key component of the redesign of urgent care is the interface with primary care and, as the Board is aware, this will be one of the workstreams in phase 2. A potential unintended consequence of 111 being available 24/7 is the choices callers make to access 111 rather than their GP and the perception as regards access to primary care as a result of the pandemic. It is likely that we are seeing some of that play into the recent demand increases, notably given the higher proportion of children accessing the healthcare system recently, and we continue to see c25-30% of all urgent care calls in hours resulting in advice to contact own GP as an outcome.
- 2.10 There is a recognition of the need to ensure that, in tandem with the public messaging around the redesign of urgent care, there is complementary primary care communications approach under development by Scottish Government. This is to remind the public that primary care services are open and that they should be the first port of call for GP urgent care requirements, acknowledging that the way people access their GP services has changed as a result of COVID. This will also additionally support staff working in GP practices to ensure there is minimal redirection of patients to 111. It is not expected that this campaign will not be launched concurrently, however, there is a clear message within the redesign of urgent care campaign that will support people to access their own GP.
- 2.11 It will be important to continue to monitor demand to 111 as there is currently no available baseline for primary care demand and it is difficult to determine the

extent to which this is a factor within the current increase in demand we are experiencing.

3. NEXT STEPS

- 3.1 The workstreams for phase 2 are now being finalised as previously presented to the board and NHS 24 will be represented across the programme. National engagement continues and we have begun to input to a number of discussions and workshops in recent weeks focussed on shaping the next phase of the programme in respect of mental health, MSK, and the interface with primary care as these are developed.

4. RECOMMENDATIONS

- 4.1 The Board is asked to note this progress update and next steps in the conclusion of phase 1 and transition to phase 2 of the national programme.

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