

Healthwatch North Somerset

Public Board of Directors Meeting

Local 111 Service (Care UK) Talk

James Head - Deputy Clinical Lead

Caroline Pike - Business Relationship Manager

Tuesday 14th April 2015

Nailsea Methodist Church

After an introduction from Georgie Bigg, James began with an overview of the 111 Service. The service came live in the South West in 2013. It is a government-led service, which took the place of NHS Direct. James went on to explain what happens when a patient calls the service, and how 111 staff use the NHS Pathways tool. In Bristol, the service receives an average of between 40000 and ~~6050000~~ 6050000 calls each month. James discussed the various outcomes of 111 calls, and the different places to which patients are sent. Part of the function of the 111 Service is to help the ambulance service and emergency department with the capacity issues.

Caroline went on to explain her role as Business Relationship Manager. She explained the various ways in which Care UK work with different groups in order to obtain feedback to help shape their service and gauge how the service is performing. Organisations such as Healthwatch, voluntary organisations, and other groups, feed any comments or issues they receive from the local public regarding the service. Caroline attends regular Urgent Care Network meetings, run by the CCGs. At these meetings, they discuss how the service is functioning, and any ways the service can help other organisations meet their targets and deal with the demands placed on them. Care UK run a patient experience survey once a month, in which a questionnaire is sent to a random sample of service users. The outcomes of this survey are collated into a report which is then shared with commissioners. Caroline also discussed the 'Family and Friends Test', which asks service users if they would recommend the service to somebody they know. Caroline emphasised that feedback is taken very seriously by the service in order to keep it to a high standard.

James and Caroline then welcomed questions and comments from the members of the public attending the meeting.

Question 1: What is the level of qualification of the person who speaks to the patient first, and what is the level of qualification of the clinician?

Answer: There are two different staff groups working for 111 - the Health Advisors and the Clinical Advisors. The Health Advisor is not a medically trained person, although they must undergo a six week training programme on the NHS Pathways Triage tool. During this time, they are taught how to use the tool, how to deal with calls, and how to use the 111 computer system. They will also undertake a rigorous audit process, which means a Senior Clinical Advisor will monitor their work to ensure they are performing to the highest standard.

Clinical Advisors are paramedics or nurses, and must have at least two years of experience in the acute care environment. They must undergo a rigorous, face-to-face clinical interview, sit a clinical exam, and carry out five role play exercises.

Question 2: What is the link between the Health Advisor and the Clinical Advisor? Do they sit in the same room?

Answer: Yes, they sit in the same room. Once the Health Advisor reaches their end point, if they require a clinician they press the 'Clinical Advisor' button their phone and the call is transferred directly. If there are no Clinical Advisors available, that call will be placed into a Clinical Queue, which is risk-managed by a Senior Clinician. On average, in Bristol, 100% of patients are called back within ten minutes.

Question 3: Do patients know why they are ringing 111 in the first place? What is the difference between 999 and 111?

Answer: 111 are still working on getting the message out about what the service is actually for. The service can be reached ~~either~~ by dialling 111, ~~or through a patient's GP~~. 999 is an emergency service, and should be called if there is an immediate threat to life. 111 is designed for non-emergency or urgent issues - anything that cannot wait until your GP opens. 111 can also be used for healthcare information, such as foreign holiday vaccination advice. It is a constant balancing act to manage the urgent and non-urgent calls simultaneously.

Question 4: What is the average time between a patient making a call and the appropriate medical advisor phoning back?

Answer: After the initial assessment, based on your symptoms and the triage process, you will be given a particular level of priority which equates to the following options: speak to a GP with one hour, within two hours, within six hours, within twelve hours, within twenty-four hours and, with non-urgent cases, within three days.

Question 5: Do patients often struggle to describe their symptoms and adequately convey how they are feeling?

Answer: On occasions Yes, ~~it is often~~ It can sometimes be difficult to gauge a person's condition, but the NHS Pathways tool assists with this. The tool may

sometimes make mistakes. If the Health Advisor is in any doubt, they can always transfer the call to a Clinical Advisor.

Comment: The 111 question process is lengthy and inappropriate for patients in a panicked state. It is no wonder that people call 999.

Response: The first question in the Pathways tool is 'Is the patient conscious and breathing?' The second is 'Has the patient been bleeding very heavily in the past thirty minutes?' This immediately establishes the severity of the patient's condition. The Pathways tool is not a diagnosis tool, it is a ruling-out tool. If in doubt, call 999. The newest version of the Pathways tool is due to be released this summer, and will include improvements and changes based on service user feedback.

Question 6: Customer education is crucial in this area. Have you any data, both locally and nationally, about what the level awareness of the 111 Service is among the Great British Public?

Answer: When the service was launched national marketing materials were made available to CCGs to distribute locally and it is anticipated that another national campaign raising additional awareness will be rolled out in certain regions later this year. ~~The CCGs in this region have undertaken an advertising campaign since the launch of the service. NHS England are not keen to run an advertising campaign at the moment as they feel it is up to the various regions to manage their regional call volumes.~~ Care must be taken with advertising because it can cause a dramatic increase in calls, literally overnight and Care UK will then need to rota in additional staff to cope with the increase in call volumes. ~~Campaigns must be done gradually due to resource issues.~~ At a local level Representatives from Care UK also attend local meetings, forums and events and, distribute presentations distribute leaflets and speak directly with the public to explain the purpose of the 111 service. Service users in this area generally know the appropriate circumstances for which the 111 Service is designed.

Comment: Members of the public who are regular users of the health services will be better informed of the 111 service and its purpose. There may be some people who have not required a health service for several years, and are therefore less well educated, who suddenly need urgent care.

Response: We agree that this is an area of the population that needs addressing, and highlights the importance of advertising campaigns alongside more targeted work with specific groups of the population.

Question 7: How many people are answering the 111 phones in this area?

Answer: We have 130 Health Advisors and ~~40~~30 Clinical Advisors.

Question 8: Is it possible to call 111 and ask for a GP to visit your home?

Answer: If a patient is not well enough to attend an out of hours GP practice, a note will be made on the patient's record that they may require a home visit when they are referred to the out of hours service. The out of hours service is responsible for home visits, and the decision to carry out a home visit is made by the doctor. The doctor or triage nurse will most likely call you and discuss your circumstances. The out of hours service have a limited number of home visit slots, and the most urgent patients will take priority.

Comment: Out of hours clinics are few and far between in North Somerset, and not everyone is aware of where they are. 111 would not be my first option because I would be irritated by being asked so many questions, and I would want to be treated quicker and more immediately.

Question 9: Would this area's local 111 Service consider employing more clinicians?

Answer: Personally, I would say no. There can sometimes be a -is-a difference between what a patients thinks they need, and what they actually needis clinically appropriate. The NHS Pathways Triage tool helps to establish what kind of treatment the patient requires, and how quickly they should receive it. However, it may difficult to tell a patient that, for example, the medically appropriate time for them to wait for advice is six hours, if they have asked to see a doctor immediately.

Question 10: Do you receive many calls that are quite obviously minor issues?

Answer: Yes, we are always receiving non-urgent issues during our peak times, including queries about repeat prescriptions, for example.

Comment: I worry about the staffing - many people who work for 111 are not clinically trained, dealing with difficult situations and therefore may worry about the questions they are asking and whether they have done a good enough job. Generally it is a good service, but education of the public, and the publicising of the service, could be improved.

Response: We are currently working with organisations, such as Healthwatch, and through our patient and carer experience forum~~patient participation groups~~, to provide education about the service and hear patient's feedback. Feedback can be fed back to the CCG via individuals such as Mary Adams and through the Care UK patient survey which is sent out to a random sample of patients who have used the service each month.

Question 11: Are your feedback reports accessible to the public?

Answer: We only send them to the CCGs, but it may be helpful to upload them to the Care UK website and highlight key themes, as these may change over time.

Question 12: Do you put pressure on hospitals by sending too many patients to the Emergency Department?

Answer: We aim to keep the number of patients we send to hospital to a minimum. Where appropriate, we aim to Only send 5% of calls ~~get send~~ to the ED.