

S1: NHS 111 service description

Core service principles

The underlying principle of NHS 111 is that patients who request urgent medical care should be assessed and directed to the “right service first time”. The main features of the service are that:

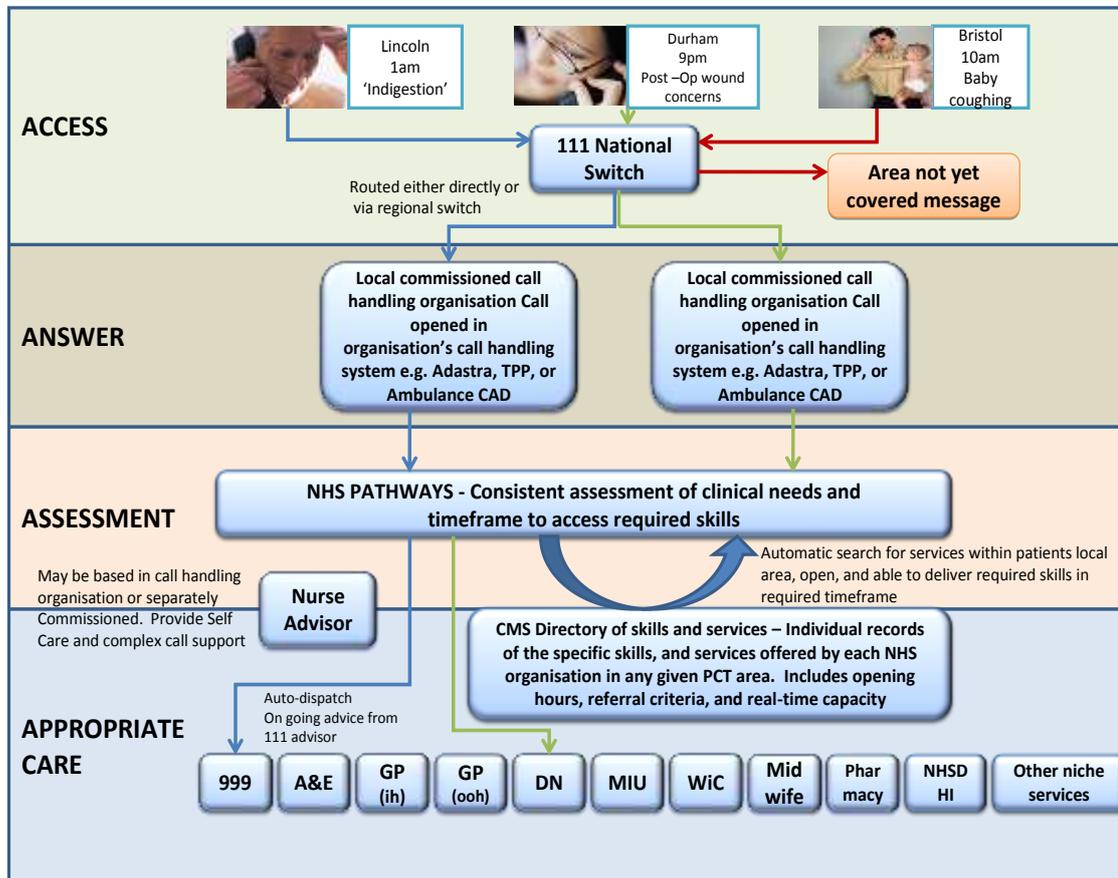
- The number is memorable and is free to use.
- Calls are assessed using an approved clinical assessment system to determine the most appropriate course of action for the patient at the first point of contact.
- Clinical assessment and provision of information, including clinician assessment, is completed on the first call without the need for a call back.
- Callers can be given health information, self care advice or directed to the most appropriate service available at the time of the call using an up to date skills based Directory of Services (DoS) for the patient’s local area and without the need for re-triage.
- Where possible the NHS 111 service should develop real time links with urgent care providers so that information can be forwarded and appointments can be made for callers at the time of their call to NHS 111.
- Calls assessed as requiring an emergency ambulance response can be immediately directed to ambulance dispatch without the need for re-assessment.

NHS 111 therefore provides an integrated service that links clinical assessment with the services that are appropriate and available at the time of the call.

NHS 111 operational framework

Figure 4.1 illustrates the framework for the intended NHS 111 service during the initial pilot phase of the programme.

Figure 4.1 – Diagrammatic plan of the NHS 111 service



Source – NHS 111 Programme Board, 111 Service Specification version 1.2, May 2010

The operational framework consists of four linked steps:

1. *Access via the 111 telephone number* – Calls to NHS 111 can be routed in several ways and can be configured differently for different areas. The service can be accessed by callers only dialling 111, they may call another service such as a GP out of hours service and be asked to dial 111, or they may call another service and the call can be automatically switched to NHS 111 without the caller having to redial.
2. *Answer* – Calls are answered by a call handling service contracted to provide this service. The call handling service collects basic call details and then carries out the next step of clinical assessment.
3. *Clinical assessment* – In all four pilot sites a single clinical assessment system, NHS Pathways, is used as the clinical assessment system. NHS Pathways is a symptom based clinical assessment system used to triage calls from the public requesting emergency or

urgent healthcare and is used by ambulance services, GP out of hours services and other Single Point of Access telephone services for urgent care. The assessment is made by trained, non-clinical call advisors with clinician support available either on site. As call advisors ask symptom based questions, the answers to key indicator questions are flagged. The information from these answers is then used to match the clinical skills needed and the speed of response required for the clinical condition described to an appropriate service in step 4. In all sites most calls that may be suitable for self care advice or require referral to specialist services are transferred for clinical advice before a final disposition is reached.

4. *A web based Capacity Management System and Directory of Skills & Services (CMS/DoS)* is linked to the NHS Pathways clinical assessment system. This directory is populated locally and jointly by service commissioners and provider services. The available skills of each provider are specified, as are service operation guidance such as location, referral protocols and opening times. Services are matched to the clinical indicator flags in the clinical assessment system and appear to the call advisor in the order set by the service commissioner. The Capacity Management System operates in real time, taking account of what is available and current activity. This enables a call for urgent care to be automatically matched to a service with the right skills, location and within the required timeframe at the time of the call without having to manually search for an appropriate service. Where adequate technical links can be set up, appointments or other contacts can be made by the call adviser at the time of the call. Any provider service can be included in the CMS/DoS but, to ensure clinical safety, only some will be available for referral by an NHS Pathways call advisor. Other services, for example specialist nursing services, require additional clinician assessment before a referral can be made. The CMS/DoS system also provides activity and referral data for service monitoring and planning.

These four steps provide the overall framework for an NHS 111 service but within each step there are choices that can be made about how the service is delivered at a local level. Table 1 summarises the operating models used in the four pilot sites and illustrates the different approaches used.

Table 1: Description of four pilot site NHS 111 service models

	CDD	Nottingham	Lincolnshire	Luton
Call routing	<p>Direct dial 111</p> <p>Auto routed to 111 from Single Point of Access number</p>	<p>Direct dial 111</p> <p>Auto routed to 111 from GP out of hours numbers</p>	<p>Direct dial 111 only (Nov 2010 – Mar 2011)</p> <p>All calls are 111 – no auto routed calls</p> <p>1st April 2011 onwards all GP out of hours calls given message to call 111</p>	<p>Direct dial 111</p> <p>Auto routed to 111 from some GP out of hours numbers</p> <p>Other GP out of hours numbers have a message telling caller to call 111</p>
Call answering	<p>Call handling provided by North East Ambulance Service Foundation Trust</p> <p>Service provided from ambulance emergency control centre in Newcastle on Tyne utilising emergency call control centre in hours and Patient Transport Service control centre at peak NHS 111 call times.</p>	<p>Call handling provided by NHS Direct national system</p> <p>Calls routed to NHS Direct using a separate number and identified within the system as Nottingham 111 or Nottingham OOH</p>	<p>Call handling provided by NHS Direct national system</p> <p>Calls routed to NHS Direct using a separate number and identified within the system as Lincolnshire 111</p>	<p>Call handling provided by NHS Direct national system</p> <p>Calls routed to NHS Direct using a separate number and identified within the system as Luton 111</p>
Clinical Assessment	<p>NHS Pathways using trained call advisors and on site nurse or paramedic clinical advice and supervision.</p>	<p>NHS Pathways using trained call advisors and NHS Direct nurse advisors for clinical advice and supervision.</p>	<p>NHS Pathways using trained call advisors and NHS Direct nurse advisors for clinical advice and supervision.</p>	<p>NHS Pathways using trained call advisors and NHS Direct nurse advisors for clinical advice and supervision.</p>
CMS/DoS	<p>Initial directory was existing directory and populated with services identified from commissioner led workshops and review meetings. Directory reflected urgent care reform and service remodelling that occurred prior to NHS 111. Current directory population built on this and led by PCT commissioner and a local</p>	<p>Two versions of directory have been populated. Initially populated by PCT leads who interacted with local providers. Second version using national clinical content templates was overseen by steering group with engagement with leads from provider organisations.</p>	<p>Two versions of directory have been populated. Initially populated by PCT leads who interacted with local providers. Second version using national clinical content templates was overseen by steering group with engagement with leads from provider organisations.</p>	<p>Population of directory has been a stepped process. Early phase contained primary care, urgent care and Out of Hours providers.</p> <p>Two additional re-populations and re-profiling edits in 2011 using national templates with additional services e.g. mental health, community services, social care added. Local engagement and</p>

	<p>provider capacity manager. Engagement events held with primary care providers to agree arrangements for in hours care. Over time additional services have been added allowing referrals to e.g. district nurses, nurse specialists.</p> <p>Transport can also be arranged for eligible patients to attend appointments made by 111.</p>			<p>involvement has increased with each review.</p> <p>Another re-population planned for 2012.</p>
Technical links for warm transfer	<p>Ambulance service emergency system for immediate ambulance dispatch</p> <p>Urgent Care Services so appointments can be made by the NHS 111 call advisor while the caller is still on the telephone</p>	<p>Ambulance service emergency system for immediate ambulance dispatch</p> <p>Calls can be warm transferred (i.e. no call back) to OOH provider for appointment booking</p>	<p>Ambulance service emergency system for immediate ambulance dispatch</p> <p>Calls can be warm transferred (i.e. no call back) to OOH provider for appointment booking</p>	<p>Manual dispatch of ambulances using agreed protocol</p> <p>Calls can be warm transferred (i.e. no call back) to booking agents within NHS Direct who book Out of Hours appointments with primary care services</p>
Training	<p>New staff recruited</p> <p>Standard NHS Pathways training. Additional training on safeguarding, negotiation skills, NHS 111 values, unscheduled care system. NHS 111 co-located with emergency ambulance control and both use NHS Pathways so call handlers can be used flexibly for either service when high demand.</p>	<p>Existing NHS Direct call handling staff re-trained</p> <p>Standard NHS Pathways training. Extension of role as now assessing patient on initial call. Additional training on transfer processes for OOH and ambulance dispatch. Safeguarding, record keeping and communication skills training already included in call handler training.</p>	<p>Existing NHS Direct call handling staff re-trained</p> <p>Standard NHS Pathways training. Extension of role as now assessing patient on initial call. Additional training on transfer processes for OOH and ambulance dispatch. Safeguarding, record keeping and communication skills training already included in call handler training.</p>	<p>Existing NHS Direct call handling staff re-trained</p> <p>Standard NHS Pathways training. Extension of role as now assessing patient on initial call.. Additional training on transfer processes for OOH and ambulance dispatch. Safeguarding, record keeping and communication skills training already included in call handler training.</p>
Public Launch	August 2010	November 2010	November 2010	December 2010