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**Update on Transforming Urgent and Emergency Care in
London and Programme and NHS 111 First**

Covid Update

**SOUTH WEST LONDON AND SURREY JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE**

11 NOVEMBER 2020

LATE MATERIAL

The following material has been received since the publication of the agenda for this meeting:

Update from South West London Health and Care Partnership on Transforming Urgent and Emergency Care in London and Programme and NHS 111 First (item 4) and Covid Update (item 5)

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South West London
Health & Care
Partnership

Update from South West London Health & Care Partnership

South West London & Surrey Joint Health Overview Scrutiny
Committee meeting
Wednesday 11 November 2020



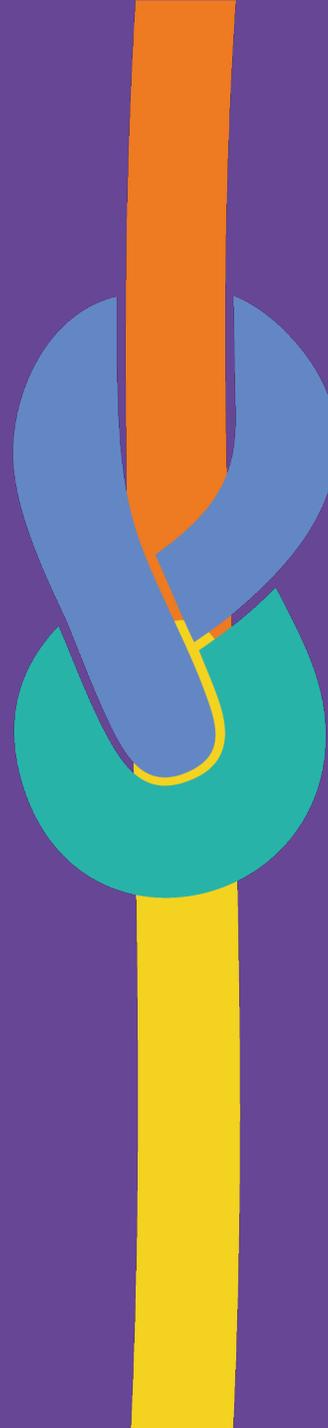
Responding to your requests for briefing:

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- Overview of the NHS 111 First programme in South West London
- NHS 111 First – Croydon as an early adopter
- South West London NHS response to Covid-19: an update on our on-going response, recovery & increasing planned care
- Questions and discussion

NHS 111 First in South West London

Jonathan Bates
SWL lead for urgent and emergency care

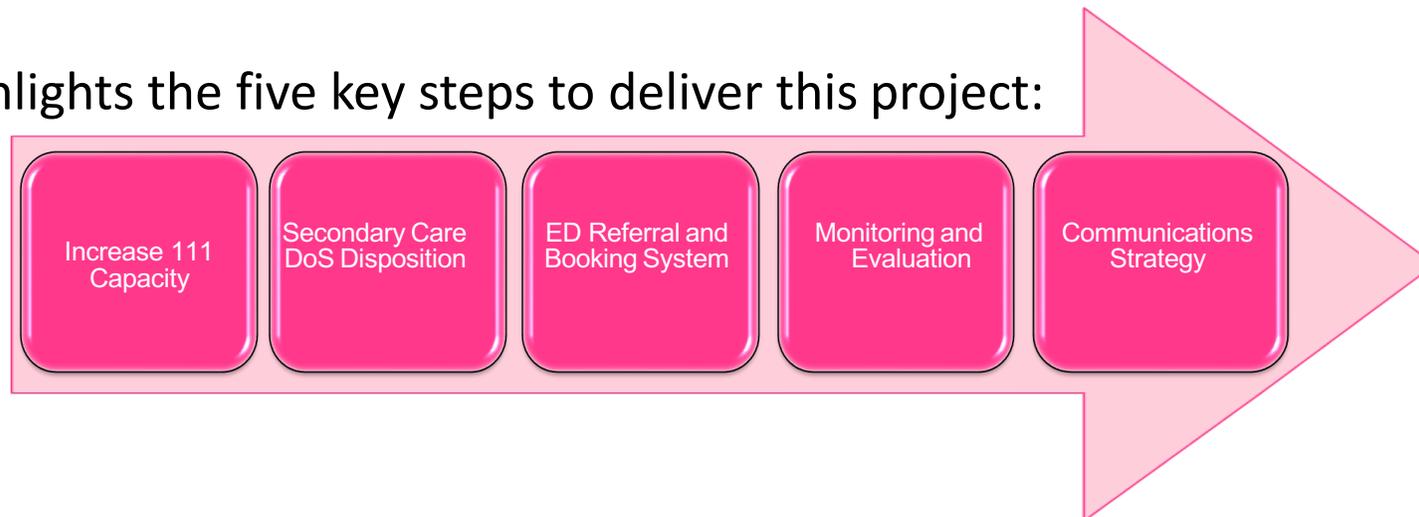


Introduction

- The Covid pandemic had a profound effect upon the delivery of NHS urgent care services and the behaviour of the general public in the way they access healthcare.
- The ‘lockdown’ of the population to control the spread of Covid-19 saw a sharp reduction in attendance at Emergency Departments (EDs), and a large increase in the volume of calls to the NHS 111 service and use of NHS 111 Online.
- Over the summer, call volumes have returned to near normal and levels of attendance to ED are steadily returning.
- As we have moved into October and an increase in Covid prevalence, we are again seeing an increase in calls to 111 as well as a shift in patient arrival times such that there is a marked increase in the number of calls received during the morning, with call volumes remaining high until the evening.

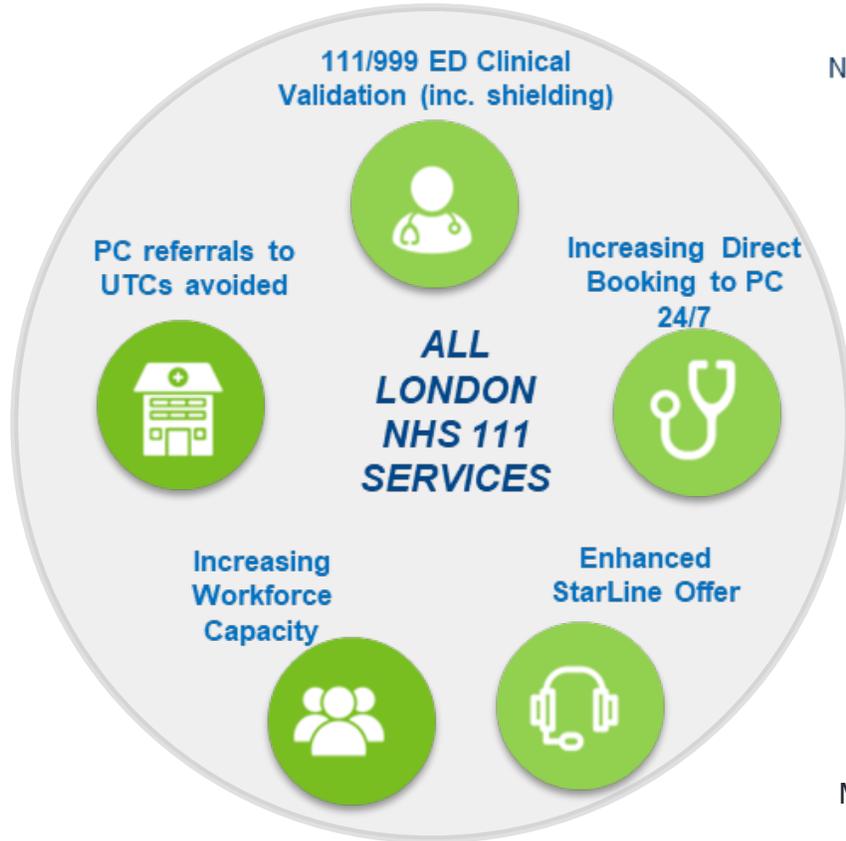
National Context

- On average, **70% of ED attendances are made up of walk-in patients**, the rest being ambulance arrivals. With social distancing likely to continue for some time, **the possibility of a filled waiting room could increase the challenges with nosocomial spread.**
- Clinical triage and prioritisation can be done remotely **to assist the public with a new approach to urgent and emergency care.**
- ***This will be achieved through the “Think NHS 111 First” approach to the streaming and direction of non-urgent patients away from ED & UTCs into other urgent care settings and promote this to the public as the best route to care.***
- The diagram below highlights the five key steps to deliver this project:

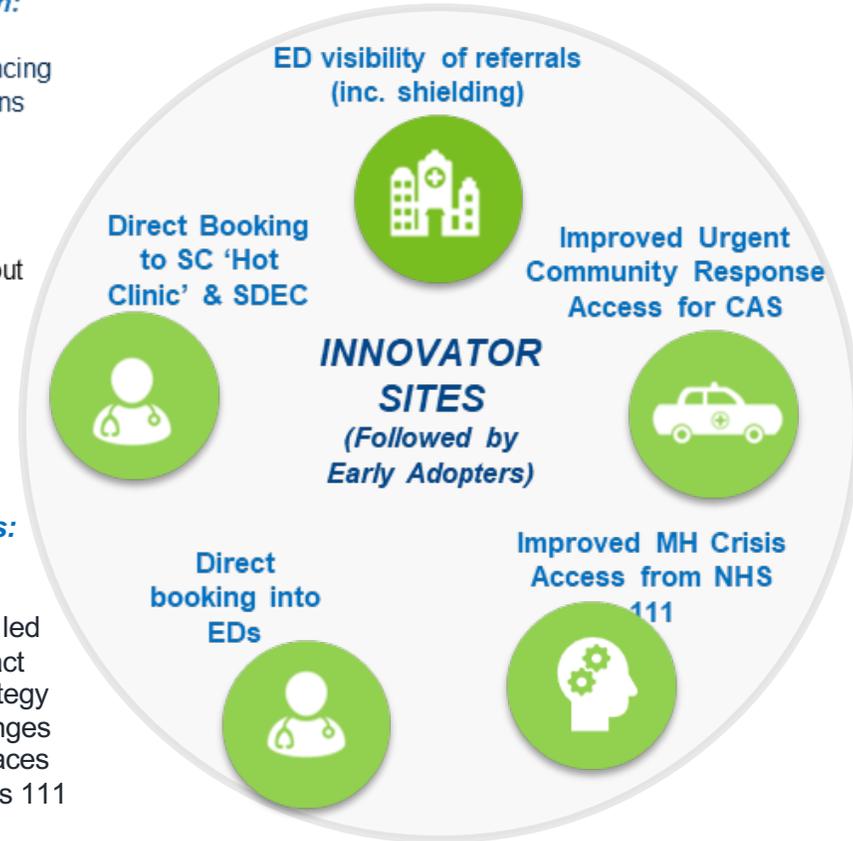


Regional Context

Getting the basics right



Implementing new pathways



Factors impacting Design:
 Nosocomial infection risk
 Need to practise social distancing
 Reducing ED & UTC walk-ins
 Equity of access
 Stratify communication
 Protect shielded patients
 Protect NHS staff
 Direct access to clinical input

Core Design Principles:
 Model demand
 Engage stakeholders
 Pathway design, clinically led
 Consider workforce impact
 Clear regional comms strategy
 Utilise DoS to support changes
 Develop 'any to any' interfaces
 Maximise consistency across 111
 Enable technology
 Measure impact
 Evaluate impact

What is NHS 111 First?



- NHS 111 First is a national programme that aims to encourage 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.
- This programme helps patients avoid busy waiting areas at A&E, GP practices and pharmacies whilst preventing the spread of infection by keeping social-distancing, and separating people with and without suspected Covid-19
- 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
- All Londoners are being asked to contact NHS 111 online or by phone first, before going to a hospital Accident and Emergency department (A&E/ED) if they have an urgent, but not life-threatening, medical need.

People with serious or life-threatening illnesses or injuries, should continue to dial 999, and people who arrive at A&E will not be turned away.

Improving patient care

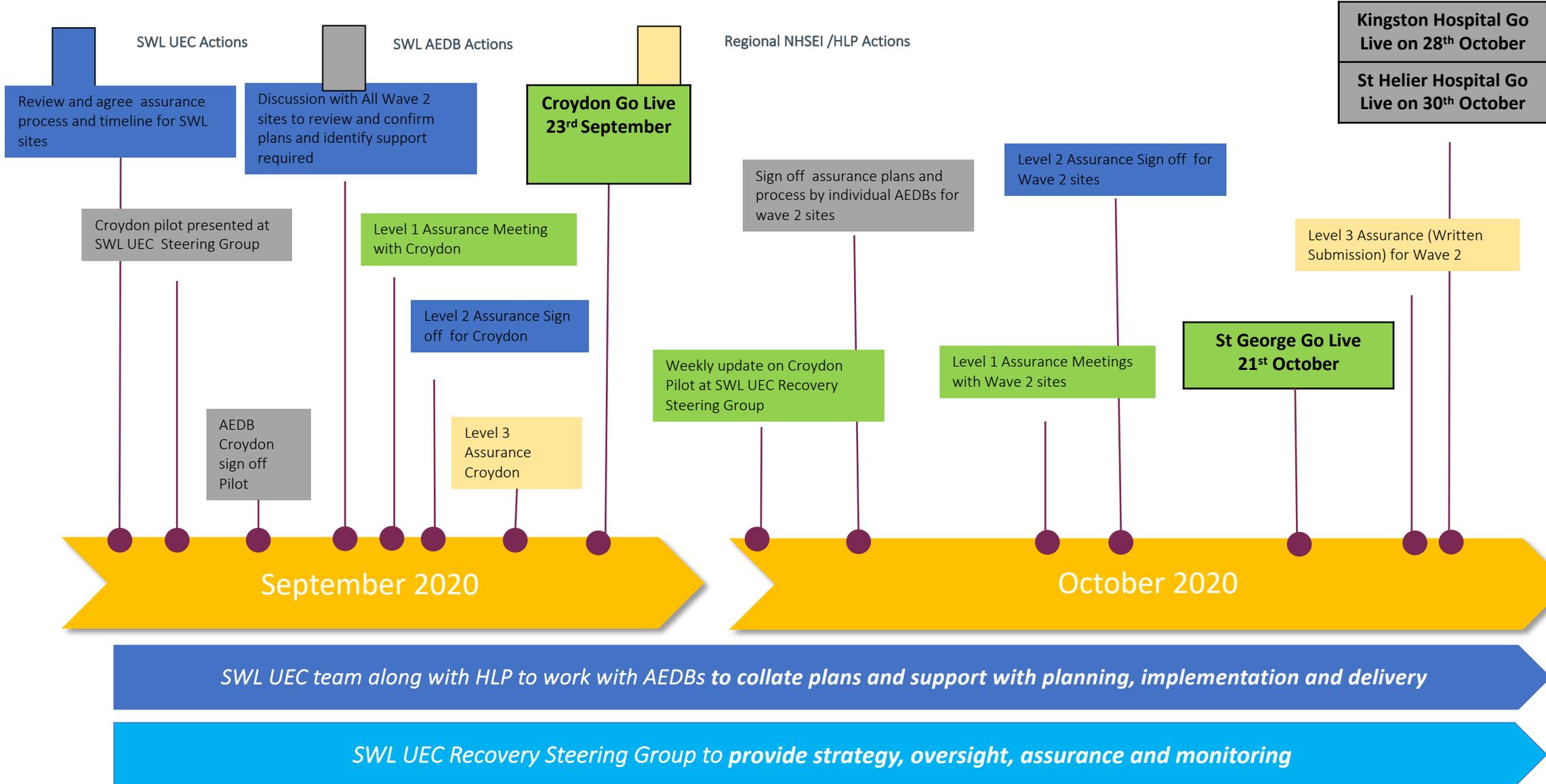
“111 First will help reduce the waiting time to be seen in A&E; instead Londoners will get the treatment they need faster and in the right place”-Dr Vin Diwakar, Medical Director for the NHS in London

- 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.
- 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 calling 111, people will get to speak with a senior clinician earlier, and get the right treatment first time
- As well, 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.

Accessing care via NHS 111

- If someone contacting NHS 111 needs urgent face-to-face assessment or treatment, this can be arranged there and then, without any further delay.
- NHS111 can make direct appointments online, by phone or face-to-face with a variety of health services, including Urgent Treatment Centres, a patient's own GP, specialised mental health crisis services, dental services and pharmacists for urgent repeat prescriptions and advice. If needed, an ambulance can also be despatched.
- NHS 111 online or by phone, which is being significantly expanded in the capital, is already available at any time of day or night with trained health advisers, doctors, nurses, paramedics or pharmacists able to get people the right NHS care quickly and in the right place.
- The new arrangements will also help the NHS to better control the risk of coronavirus while space in A&E waiting rooms is reduced to ensure social distancing.

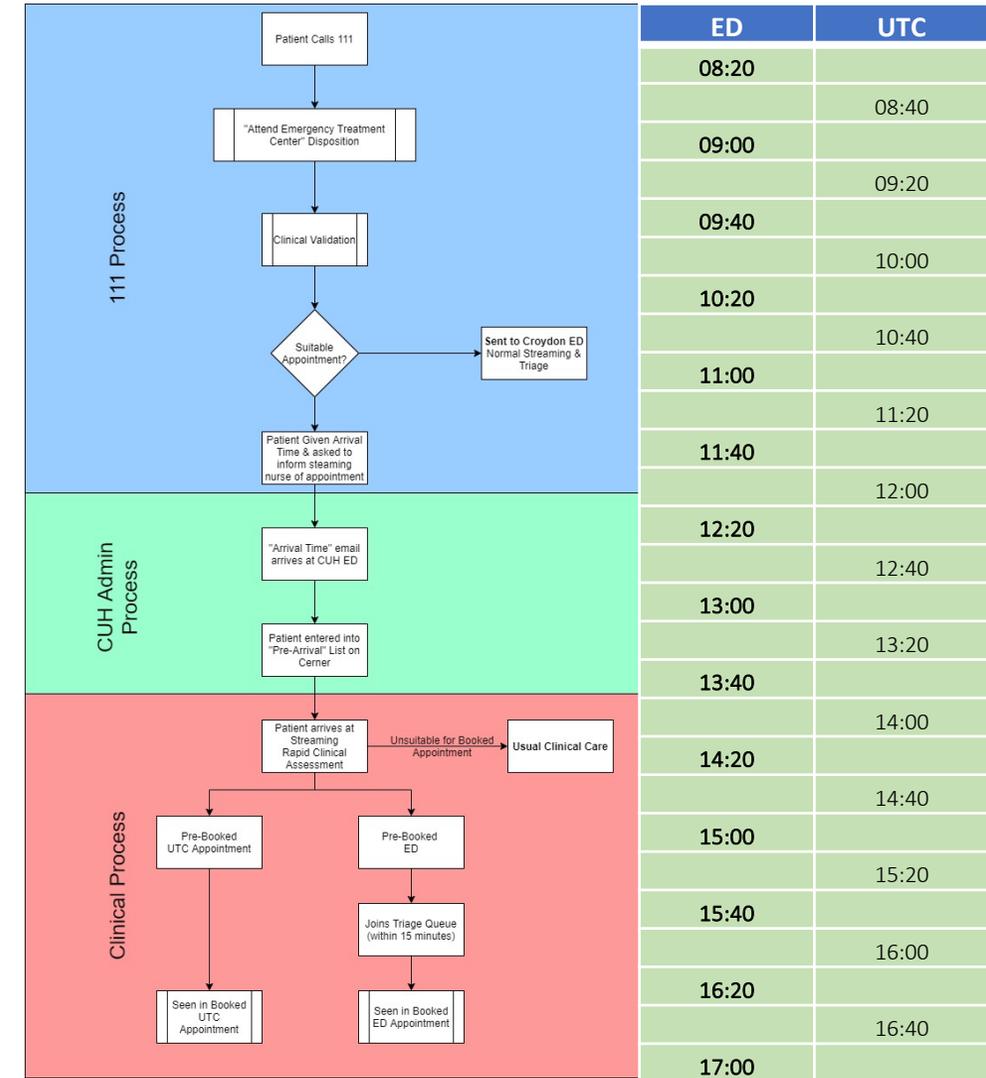
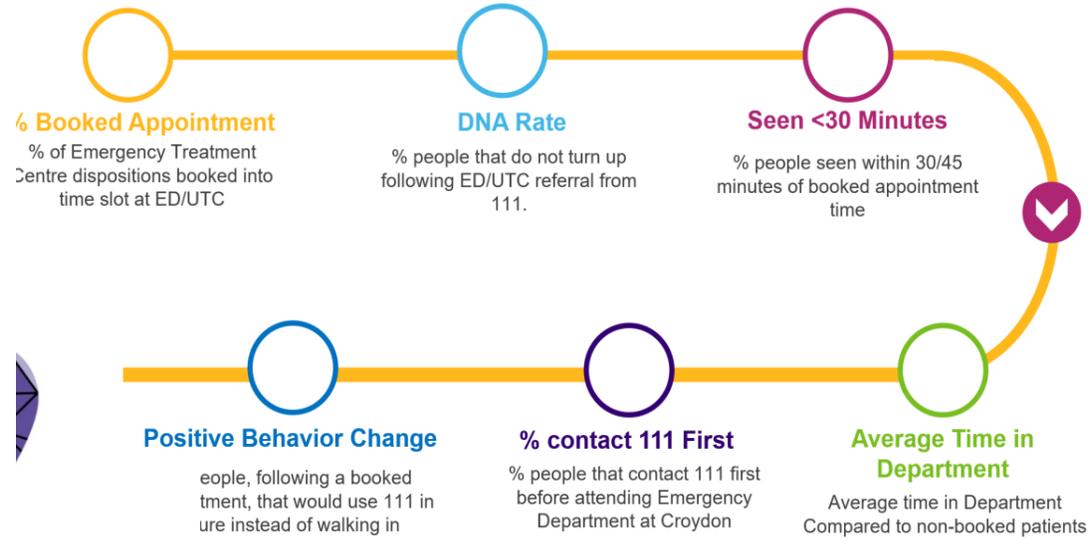
SWL Think 111 First Timeline & Governance



Croydon Proof of Concept Model Summary

- Go live from 23rd September 2020
- 26 appointments per day (0800-1700)
- Across both ED and UTC
- <16s and MH patients added at later date.

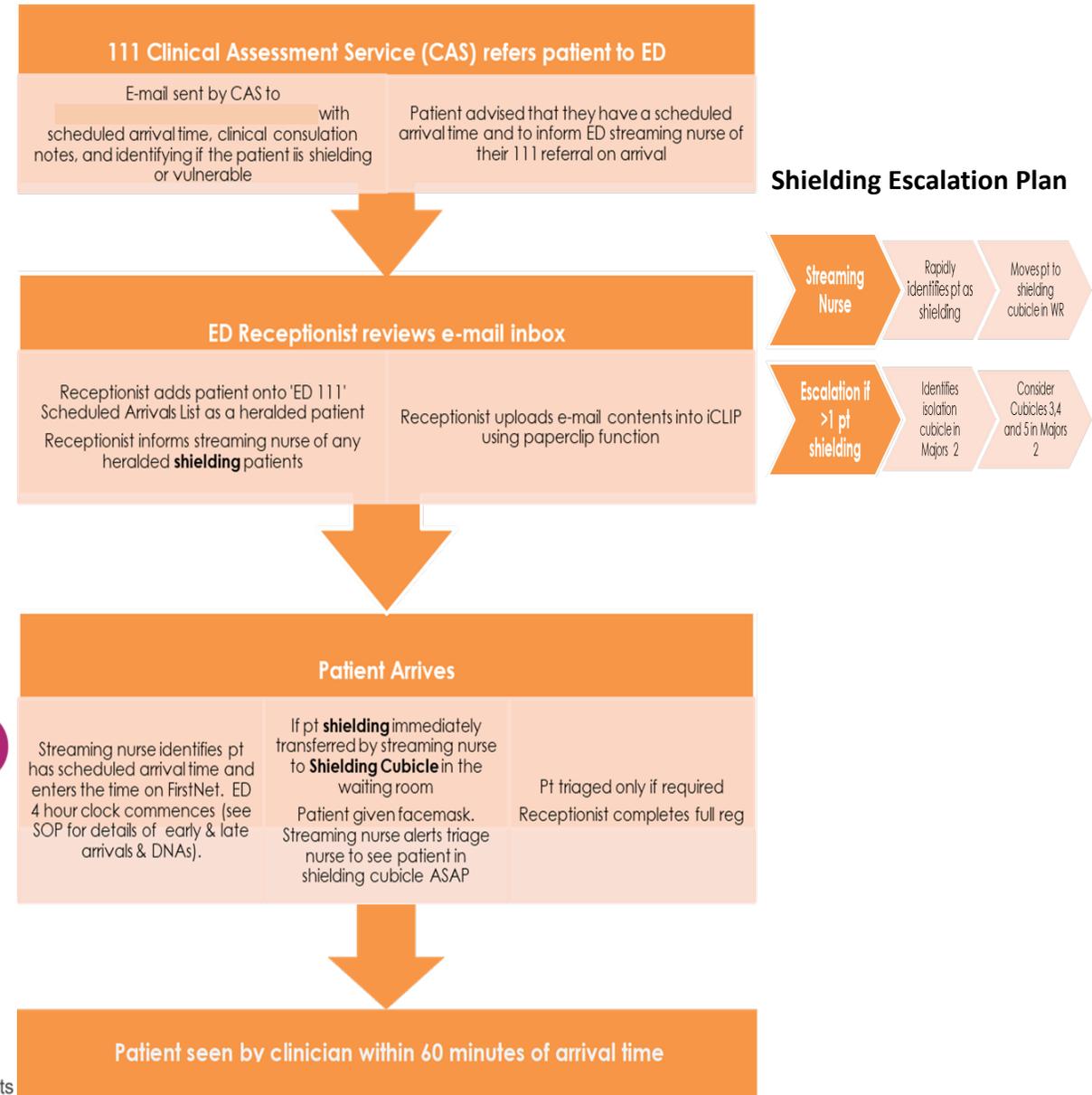
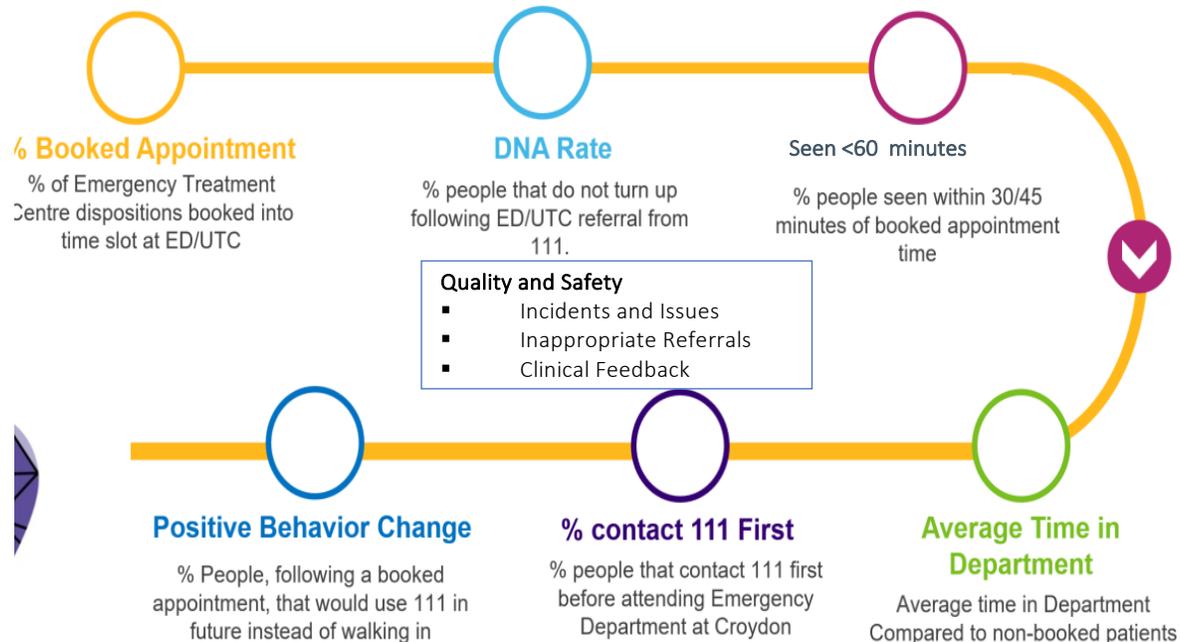
Measures of Success



St George's Model Summary

- E-mail solution
- 32 bookable appointments (0800-0100)
- Final allocation determined by Streaming nurse
- Go live from 21st October 2020
- Real time audit of referrals to provide feedback to 111 on a weekly basis

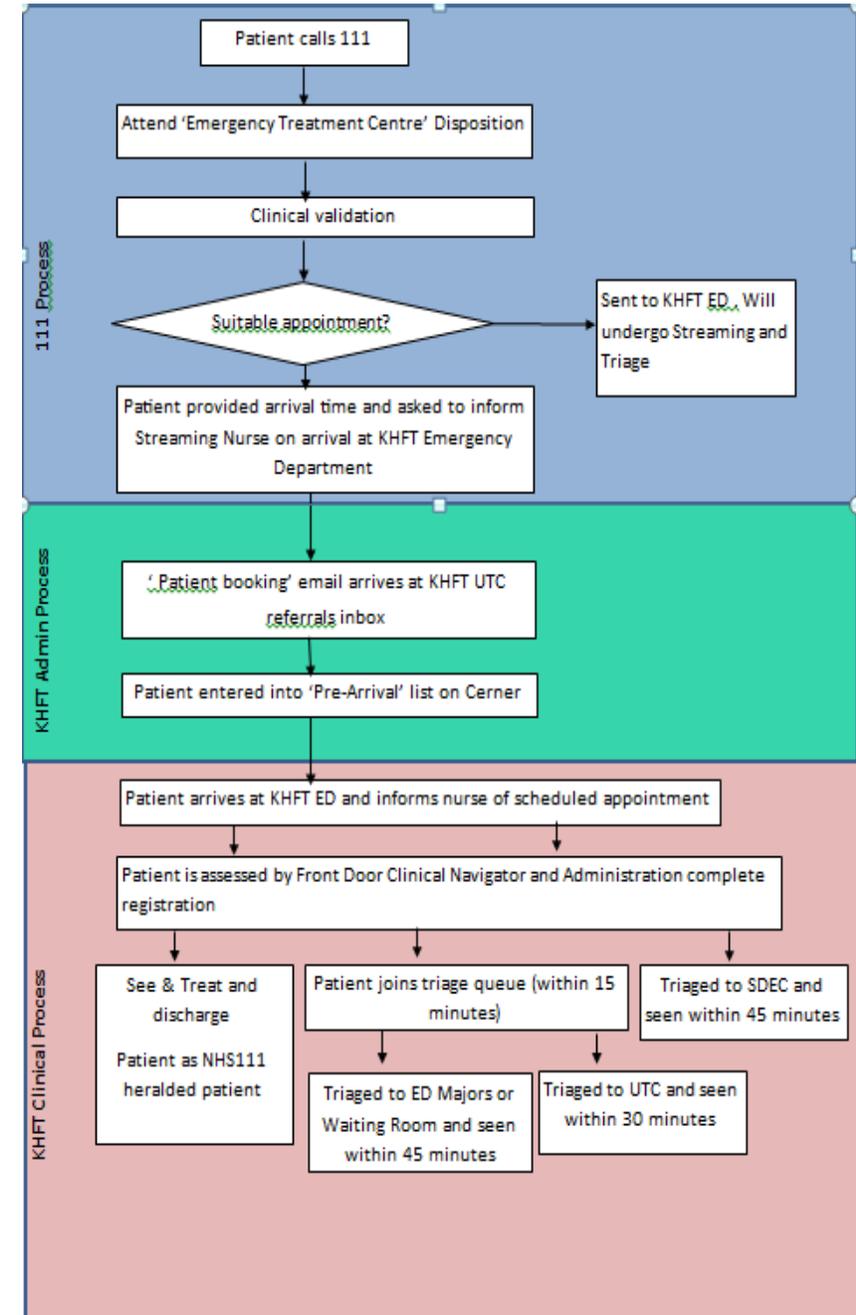
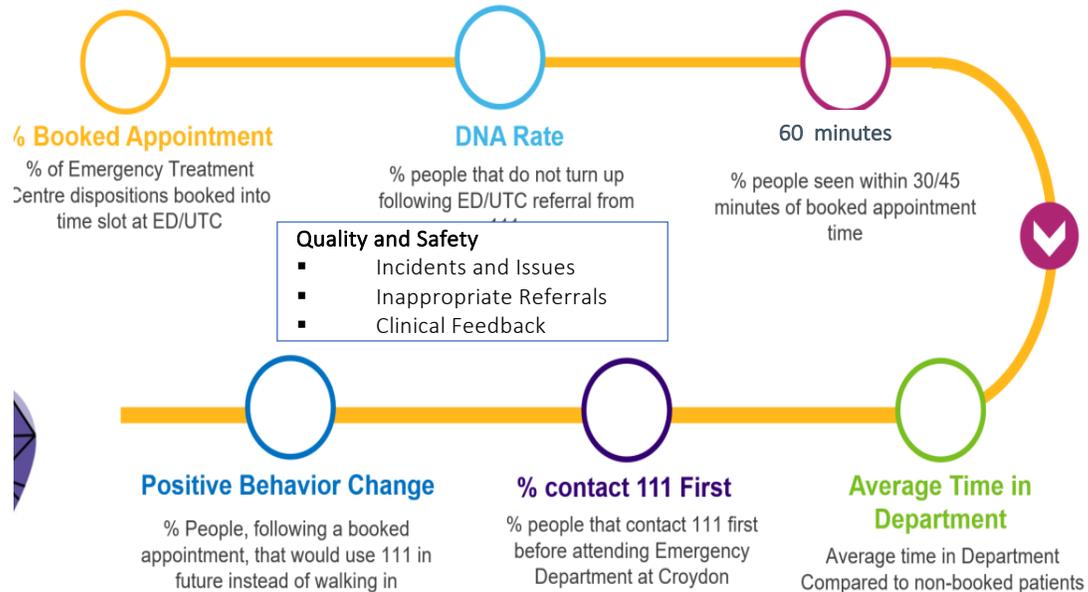
Measures of Success



Kingston Model Summary

- 86 appointments per weekday, 78 appointments per weekend day and bank holidays (0830-2200)
- Across both ED and UTC – final allocation determined by Clinical Navigator at ED front door
- Go live from Wednesday 28th October 2020
- Real time audit of referrals to provide feedback to 111 on a weekly basis
- Daily reflections and learning meetings

Measures of Success



St Helier Model Summary

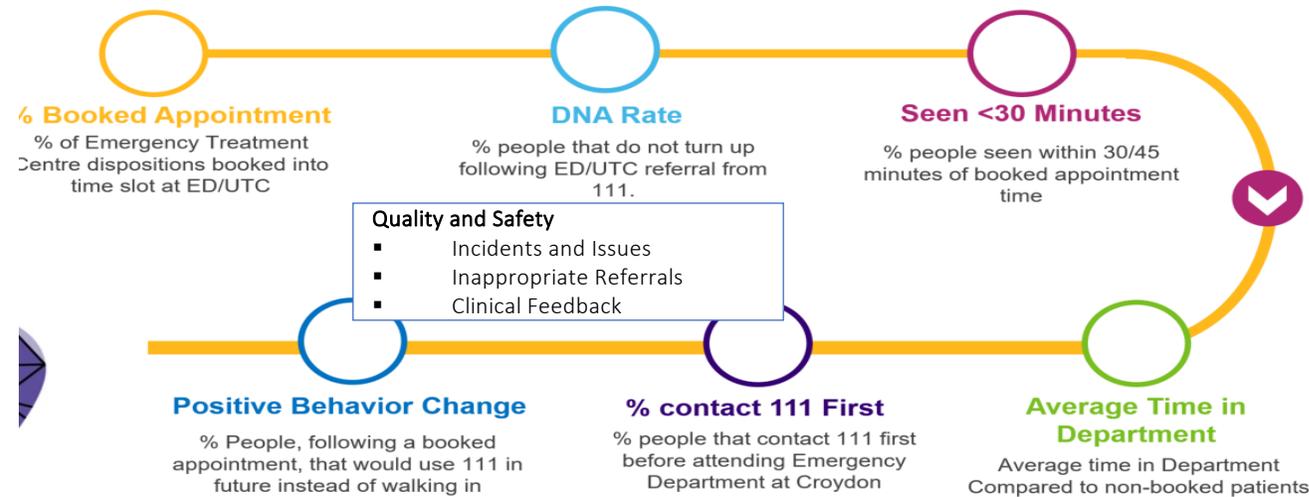
Phase 1

- Go live from 30th October 2020 - 16 bookable appointments to the UTC/ ED and 2 bookable appointments to GPs
- Daily reflections and learning meetings in place
- Note: Epsom site (Part of Surrey Heartlands CCG) plan to go live 1st December 2020 using EDDI as opposed to email solution and will offer 33 bookable appointment

Phase 2

- Review of slot availability/ utilisation by 17/11/2020
- Any changes to DOS with additional appointments being available from mid-December 2020

Measures of Success



NHS 111 first – Croydon as an early adopter

Helping Croydon get urgent medical help quickly and safely



Matthew Kershaw

CEO Croydon Health Services NHS Trust

We are putting Croydon clinicians in charge

Using their knowledge and expertise to help get people the right care, first time

Croydon's approach has been developed by hospital consultants, GPs, nurses, paramedics, pharmacists, social workers, mental health specialists, NHS 111 teams in the borough, using local knowledge and expertise.

NHS 111 can book appointments in services across our borough, depending on clinical need

- Set times in A&E
- Urgent Treatment Centres
- Mental health services
- Dental care
- Local pharmacists for urgent repeat prescriptions and advice

The doctor will see you now

- Croydon's GPs able to see people online, by phone or in person throughout the pandemic
- GP Hubs open 8am to 8pm, 365 days a year
- Pre-booked appointments or wait to be seen without



Do you have a health concern and need advice from a GP in Croydon?

Over the last year

54,000 patients were seen at Croydon's ED/UTC for minor issues that could have been treated elsewhere

That's around 150 people every day who don't need to be seen in A&E

Only 7,500 a year came to the right place on foot – not in an ambulance

Croydon residents who need urgent, but not life-threatening, care are being urged to contact 111 before going to A&E

- NHS 111 is being significantly expanded
- Trained health advisors, including Croydon doctors, nurses, GPs, paramedics and pharmacists
- Available 24/7 online and by phone

Arrangements will not change for people with serious or life-threatening illnesses or injuries

- Call 999 in a medical emergency if someone's life is at risk
- Anyone who arrives at A&E without calling NHS 111 will still receive medical care, with those needing emergency treatment prioritised.

Think 111 first in Croydon



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Urgent advice or treatment needed



111 health advisor or healthcare professional performs a clinical assessment and refers the caller to the right service

Referred to



Their Croydon GP for a virtual consultation



Their GP can then offer a face-to-face appointment if required



One of three GP hubs for a virtual consultation



A face-to-face appointment can be offered across Croydon if required



The Emergency Department (including UTC) at Croydon Hospital, and if clinically appropriate, a time slot will be offered



From 8am to 8pm Monday to Friday patients first receive a call back from the Croydon Clinical Virtual Assessment Service



Patient is booked to go to the UTC or A&E if required



From 8pm to 8am Monday to Friday and weekends, patients continue to go directly to UTC or A&E, as advised by NHS 111



All patients who require an appointment are booked a virtual consultation or face-to-face appointment before visiting a service

The call handler will request an ambulance if it is required



The **Croydon Clinical Virtual Assessment Service** will be run by Croydon GPs (AT Medics and Croydon GP Collaborative) whose clinical skills and local knowledge of Croydon health services will be able to further navigate patients to the best service for them which as well as the list above may also include:

- Advice and guidance via video consultation so people can remain at home
- An electronic prescription to be collected at a Pharmacy in Croydon
- Same Day Emergency Care at CUH
- Rapid Response GP service part of the Croydon Living Independently For Everyone (LIFE) Team for anyone over 18 that would otherwise require a hospital admission

Operational model

NHS 111 direct booking

After a clinical assessment over the phone by a 111 health advisor and then a healthcare professional to assess which service is best

NHS 111 will direct patients to:

- their Croydon GP for a virtual consultation. Their GP can then offer a face to face appointment if required.
- one of three GP hubs for a virtual consultation who can offer a face to face appointment if required across Croydon.
- the Emergency Department (including UTC) at Croydon Hospital.
- If clinically appropriate, a time slot will be offered.

NHS 111 is run by Vocare with additional capacity commissioned by NHS South West London CCG.

The graphic features the NHS logo and the number 111 in a blue triangle. The main text is in white on a red background, stating: "For urgent medical help in Croydon contact 111 first to get help quickly and safely". Below this, on a dark blue background, is the text: "Talk before you walk to avoid busy A&E waiting rooms". Further down, it says: "NHS 111 is now able to book same day appointments for people in Croydon who need urgent care and support. Our trained health advisors, including hospital doctors, nurses, GPs, paramedics and pharmacists are available 24/7 to help you get the right care close to where you live. If your care is urgent, but not life-threatening, you could be booked an appointment at a set time in A&E, meaning shorter waiting times and safe social distancing in hospital to protect you and others from coronavirus (COVID-19)." At the bottom left, it says "Use 111 first help us help you". On the right, a tilted white box contains the text: "We're here when you need us", "Croydon's GPs can see you online, by phone or in person, so don't delay if you feel unwell.", "In addition, NHS 111 can make direct appointments with a range of services we have in the borough. This includes your local Urgent Treatment Centre, mental health services, dental care and pharmacists for urgent repeat prescriptions and advice.", "Do not go straight to Accident & Emergency if you or someone with you needs immediate help for something that is very serious, including chest pain, life-threatening difficulties, or a loss of consciousness. If you are unsure, just contact 111.", "Contact 111 24 hours a day, 7 days a week on 111.nhs.uk (for people aged 5 and over only) or for FREE from a landline or mobile phone (all ages). For more, visit ccg.nhs.uk/nhs111croydon".

111 First in Croydon: Operational model

Croydon Integrated Virtual Clinical Assessment Service

For those patients who NHS 111 would refer to the UTC or A&E at Croydon University Hospital, they will first receive a call back from the Croydon Integrated Clinical Virtual Assessment Service

- Available 8am to 8pm, Monday to Friday.
- Outside these hours patients would continue to go directly to UTC or A&E as advised by NHS 111
- This service will be provided by AT Medics and Croydon GP Collaborative

Callers to 111 will be able to speak to a Croydon GP or trained health advisor to navigate patients to the best service for them. This could include:

- A video GP consultation
- An electronic prescription to be collected at a Pharmacy in Croydon
- Same day emergency care at Croydon University Hospital
- Rapid Response GP service part of the Croydon Living Independently For Everyone (LIFE) Team for anyone over 18 that would otherwise require a hospital admission



Measuring patient experience, outcomes and campaign success

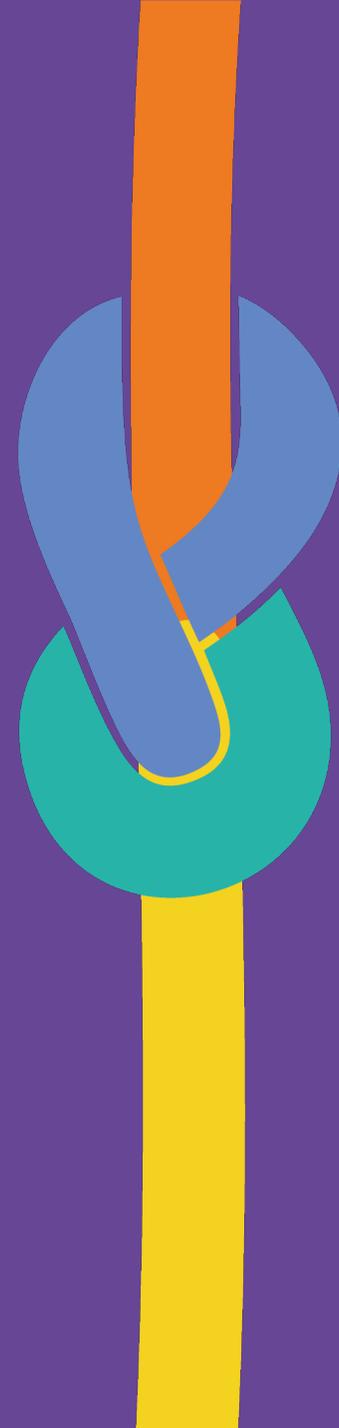
We will be closely evaluating the experience of service users and the impact of our marketing campaign:

This includes:

- measuring numbers of calls from Croydon residents to NHS 111
- Tracking NHS 111 call response times
- Number of direct bookings into Croydon ED and total attendances, particularly for minor ailments
- Feedback from patients booked into ED and UTC appointments
- Feedback from staff and stakeholders
- Social media and digital evaluation, including impressions, reach, engagement rates and mobile phone geo tracking



South West London NHS response to Covid-19: update on our on-going response, recovery & increasing planned care



Overview of South West London Response



- Across South West London health and care our restart, reshape and recovery work is well underway. During 2020 health and care services have stepped up in ways never seen before to work out how to deliver services differently to respond to the COVID-10 global pandemic.
 - There has been a steady increase in levels of COVID-19 infection and transmission in London. Whilst numbers of patients in our hospital remain lower than elsewhere in London and across the country, we are monitoring the situation closely, as we know that admissions are likely to rise over the coming weeks.
 - We will watch carefully and thank all our citizens, communities and partners for playing their part to reduce the spread of the virus by following the Government's guidelines as they are strengthened for the next four weeks.
 - It is important for us to emphasise to our local communities at every opportunity that the NHS continues to be open and here for local people when they need us- pharmacies, GP practices, hospitals, NHS 111, community and mental health services are here to support them.
- To help keep people safe, advice and appointments are available over the phone and online and we are working hard to keep patients and staff safe if they do need to come to a healthcare setting.
- As a system, we have together been focussing on developing the arrangements we have in place as the levels of COVID-19 infection and transmission rises. We have stepped back-up our Incident Control Room (ICR) which is supported by expert Incident Control Cells to co-ordinate and manage our covid-19 response
 - The purpose of the ICR is to provide command, coordination, and decision-making across South West London in relation to Covid-19.
 - The Incident Control Room brings NHS organisations together to review our response and resolve issues that arise so that patients received the very best care and that frontline staff were strongly supported.
 - The ICR is linked directly with NHS England and all providers and cells each day to coordinate action and resolve or escalate issues across the system.
 - Our collective focus and close working across South West London means we are now seeing a high number of patients being able to have their planned treatments and elective surgical operations.

South West London – Covid response

- **We want to respond well to Covid and to recovery from Covid in the context of:**
 - Maintaining our shared vision for local people – that they *Start well, Live well, Age well*, and work together to adapt this.
 - We will continue to innovate and ensure services are safe and reflect best practice whilst we manage Covid-19 in our communities and organisations.
 - Renewing our commitment to working with partners, particularly at Borough level with our Local Authorities.
 - The SW London Five Year Plan and the need to set our delivery plan for the next two years which recognises the strategic ambitions set in the Five Year Plan as well as phase two of Covid 19.
 - Support our staff through and beyond recovery – making SWLondon a great place to work.
 - Building on over two years of public and clinical engagement, as well as strong partnership work in developing the six Local Health and Care Plans and the SW London Five Year Plan.
 - Making sure that Health inequalities and prevention actions are clear at borough and SWL levels and that they are effectively supported with a population health management approach.
 - Equality, inclusion and diversity is a critical system priority for our partnership over the coming years.

Phases of Recovery



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Programmes

Common priorities delivered through matrix working

Elective and Critical Care Programme	Specialised Care Programme	Urgent and Emergency Care Programme	Mental Health and Learning Disabilities Programme	Primary Care Programme	Integrating Care	Strengthening communities	Enabler Programmes
<ul style="list-style-type: none"> • Elective • Critical Care 	<ul style="list-style-type: none"> • Clinical Transformation Working Groups • Cancer 	<ul style="list-style-type: none"> • UTCs, same day care and hot clinics • 111: Help us to Help you, redirecting patients • Fast Track Rapid response • Reduced Ambulance conveyances 	<ul style="list-style-type: none"> • Crisis • CYP • LD & Autism • Community 	<ul style="list-style-type: none"> • PCN development • Managing IFC in PC 	<ul style="list-style-type: none"> • Enhanced health in care homes • Integration across Community Social Care and Primary • Rapid response • End of life care • Long term condition management 	<ul style="list-style-type: none"> • Reduce health inequalities • Hot care homes • CYP (tbd) • Hospital discharge • Community services recovery modelling 	<ul style="list-style-type: none"> • Finance and at Scale • Estate • Communications • Performance and Quality • Digital • Workforce • Health and Care Landscape

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We will work together through the programmes with our boroughs on all workstreams including proactive population health management and reducing inequalities:

One Croydon Alliance

Kingston Co-ordinated Care

Merton Health and Care Together

Richmond Health and Care

Sutton Health and Care

Wandsworth Health and Care

We believe in an inclusive and innovative approach to care.

www.swlondon.nhs.uk

SWLondon Recovery Board

SWL Clinical Leadership Group

SWL Chief Executives

Delivery through agreed programmes

- Elective and Critical Care
- Specialised Care
- Mental Health and LD
- Primary Care
- Urgent and Emergency Care
- Integrating Care
- Strengthening Communities
- Enablers

Working In partnership with

- Elected Officials
- Chairs
- Patients and Public
- Wider Health & Care Partners at Borough Level

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SWL Recovery Board

Purpose:

- Define the SWL recovery priorities
- Scrutinise and agree quality/clinical impact of changes
- Recommend financial investment or disinvestment to relevant bodies
- Identify public conversations/consultation required and work with statutory organisations on this
- Determine actions to meet national performance targets
- Assess recovery risks to and agree mitigations
- Drive agreed innovation forward at pace
- Provide regular updates/assurance on recovery to the SWLHCP Programme Board
- To work in partnership with statutory bodies on recovery

Membership

- SWLHCP Independent Chair – Millie Banerjee (Chair)
- SWLHCP SRO, Health and Care Landscape – Sarah Blow
- Clinical Co-Chairs of the Senate – Andrew Murray (*and lead for Specialised Care Programme*) and Nnenna Osuji
- NHS Provider Representative and UEC Joint SRO– Matthew Kershaw
- NHS Provider Representative – Vanessa Ford
- Local Authority CEO Representative & Care Closer to Home – Ian Thomas
- ICS Executive Director of Finance, Estates and Finance – James Murray
- ICS Deputy SRO and joint Digital & Workforce SRO – Karen Broughton
- Director of Public Health – Shannon Katiyo
- Planned and Critical Care Programme – Jacqueline Totterdell
- UEC –Jonathan Bates (joint SRO Matthew Kershaw)
- Primary Care – Dr Nicola Jones
- Mental Health and LD – Vanessa Ford
- Digital –Patricia Wright (joint SRO Karen Broughton)
- Communications and Engagement– Charlotte Gawne
- Workforce – Jo Farrar (joint SRO Karen Broughton)
- Quality and Performance - Daniel Elkeles

Frequency

- Fortnightly (NB: because of the speed of some deliverables (e.g. submissions to regulators) we may need to make some decisions out of the Board)

Increasing planned care

- Our collective focus and close working across South West London hospitals means that we continue to see an increase in the numbers of patients able to have their planned treatments and elective surgical operations.
- South West London specialist clinicians and leaders from across the local NHS continue to work together to find ways to increase planned or elective surgical care for local people.
- Despite the added challenges the pandemic brings to the way we work, our four hospitals are now able to treat 91% of the numbers of planned surgical procedures that we would have done this time last year. Over 550 patients under the care of St George's who had been waiting for over a year have now successfully had their treatment at neighbouring hospitals Croydon and Kingston.
- Some simple steps are also now in place to help our hospitals keep pace despite coronavirus infections rising in some areas. For example, wherever appropriate procedures are performed as 'day case surgery' so that patients can return home as soon as possible, as well as making as many pre-operation checks by phone or videocall rather than face to face. The goal is to be able to keep essential and routine operations running and importantly ensure patients receiving these treatments do not catch the virus as a result.
- Across London, we are looking at different types of routine operations – including cataract removal, hysterectomies, and hip and knee replacements – to significantly increase the volume of planned surgery that can be carried out over coming months. Our overwhelming objective is to reduce the time any patient has to wait for treatment. The NHS is keen to make sure patients do not have to wait too long for important surgery and give people the option to move to another site for surgery if this would be quicker.

Questions