



Date: Monday, 13 September 2021

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

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## HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

### TO FOLLOW REPORT (S)

#### **6 Review of 111 Services (Pages 1 - 6)**

To scrutinise the impact of the change in developing 111 non-emergency services in Shropshire, a report will follow

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# Shropshire, Telford & Wrekin

Sustainability and Transformation Partnership

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## STW Update on Progress of NHS 111 First Programme

September 2021

Presented by:- Sam Tilley Sharon Clennell/Craig Lovatt/

Agenda Item 6

# Agenda

1. Introductions
2. Summary of NHS 111 program to date
3. 111 Performance and Data update
4. Next Steps high level summary
5. Questions from the committee.

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# Summary – NHS 111 First Programme to date

December 2020, Shropshire, Telford and Wrekin (STW) collaboratively and successfully implemented the national requirement for NHS111 First Programme, with a pilot cohort to prevent any additional unknown pressures going into ED and to support and mitigate inappropriate demand on the system.

Summary and update

STW launched NHS111 First bookable appointments in ED, SDEC, UTC, MIU in a staged way to reduce the risk of increasing pressure on services – 2 appointments per day per site. As part of the development our UTC departments progressed to having 14 appointments per day from March 21

At the time of launch, local services did not have a Patient Administration System (PAS) that supported EDDI (Integrated ED Software), the initial role out was based on NHS111 activity being referred via the Adastral IT platform. This continues to be the case with the providers continuing to work towards introducing a new PAS system likely in December 2021.

GP Connect – NHS111 booking into GP practice slots enabled across all GP Practices - practices release 1 appointment per 500 registered population for NHS111 to directly book into, where the 111 outcome requires a patient to be seen by GP, in hours

Connection enabled between NHS 111 and Emergency Care Data set (ECDS) allows us to now identify patients that have attended ED within a 24 hours period of a call to NHS111. Allows for auditing and tracking of patients through the system

There has been a gradual increase in the number 111 booked appointments available in both Urgent Treatment Centres (UTC's) and GP Practices since

there is a consistent uptake of the 111 ED Booked appointments and high patient attendance rate.

Where patients have been booked by 111 there is a high percentage of these that do attend their given appointments

Emergency Day Emergency Care (SDEC) 111 referral numbers into the service are low – we are working with SaTH to improve this

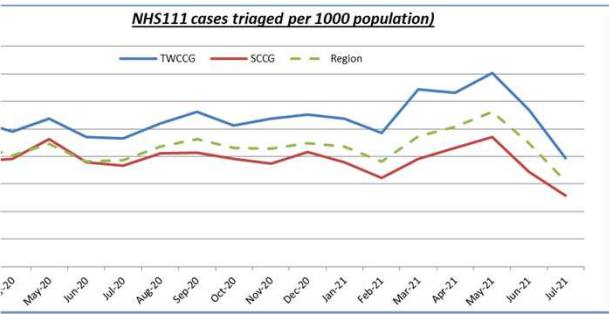
Utilisation on the County's 4 Minor Injury Units is low for 111 Bookings. We are reviewing the “service offer” to improve utilisation.

Healthwatch Survey completed- Healthwatch Shropshire & Telford wanted to gather the views and experiences from people who have used NHS 111 to understand how they were helped to access services. During March and April 2021 residents in Shropshire were asked to describe experiences of seeking urgent medical care after 1 December 2020. Total of 70 people responded

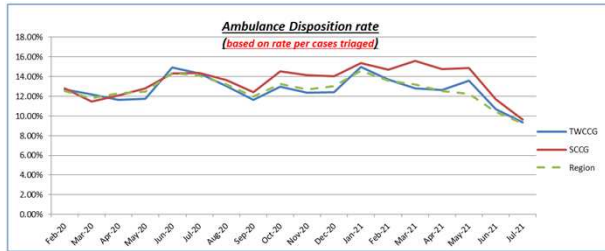
Staff survey conducted to understand impact of NHS111 on ED and whether any improvements to the service or efficiencies could be made. Total of 7 people responded

Robust data monitoring recording and monitoring process, cited as an exemplar regionally

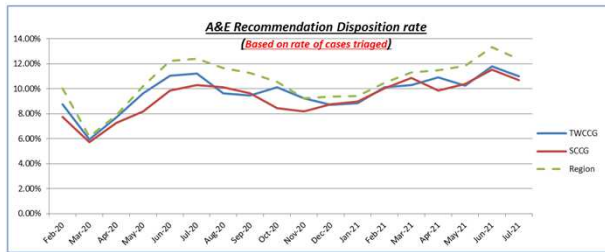
# Key Measures



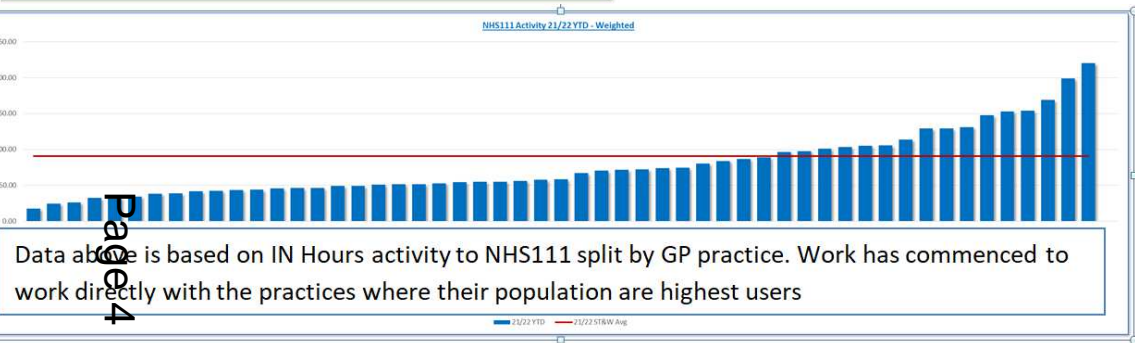
Use of NHS111 has consistently reported TWCCG registered population as much higher users when reviewing across the region. SCCG registered population as historically been slightly below the regional average, although higher around urban areas. Both SC and TW population have reported less variance to the norm during the COVID outbreak when compared to regional CCG's



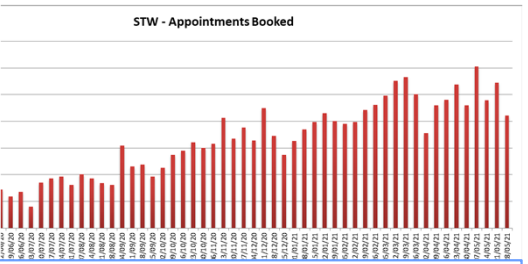
Historically STW populations have reported slightly lower disposition outcome for ambulance and ED and is aligned to increased in Hours usage where GP is the preferred outcome



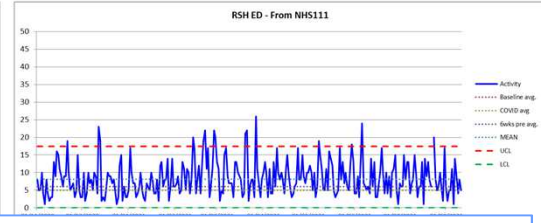
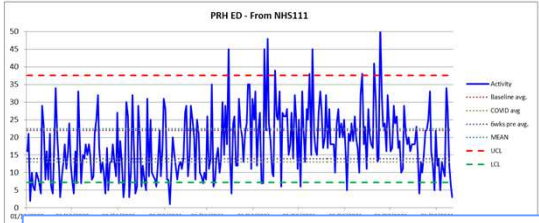
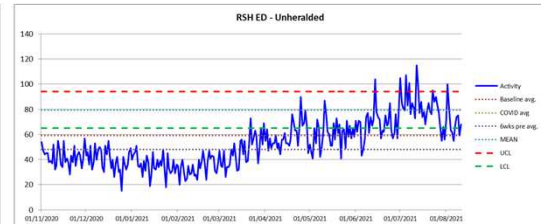
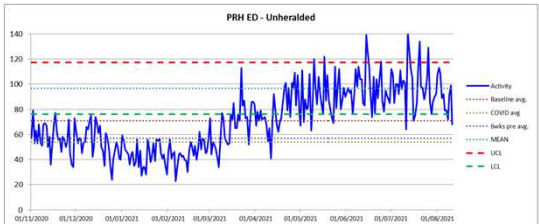
The capture of NHS111 bookings shows how the availability at UTC's has impacted the usage by NHS111 while the attendances rate has been very high



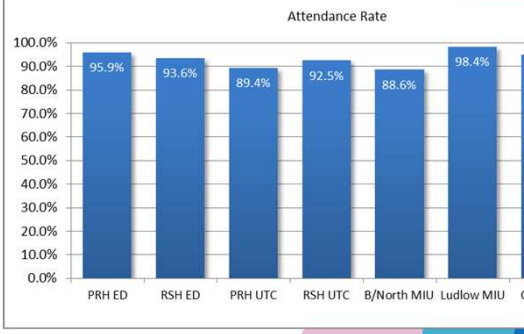
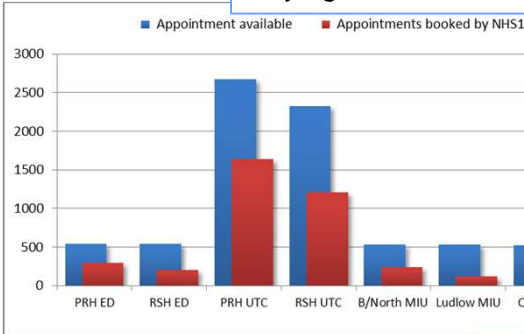
Data above is based on IN Hours activity to NHS111 split by GP practice. Work has commenced to work directly with the practices where their population are highest users



Work with NHSD and Practices has led to increased usage of the Booked GP practice appointments by NHS111, however the utilisation of all released appointments is very dependant on NHS111 demand by practice



Impact on ED does report a increase in cases from NHS111 since the launch of 111first, most notably at PRH which does align with the TW population usage. However despite this the greatest impact and increase is on Unheralded ED attendance which is again been worked on with colleagues in Primary Care



# Next steps/on going (High level, this list is not exhaustive)

## ▶ Primary Care

- ▶ Working with Primary care colleagues to understand Patient behaviour and access to in hours support.
- ▶ Action plans in development and GP Practice visits being arranged to support practices where patients locally have been cited as high users of 111 and ED, reviewing where patients could possibly have been seen in an alternative healthcare setting i.e. Pharmacy, MIU, Self Care and how this unprecedented demand can be mitigated for their practice population.
- ▶ Work ongoing with practices around maximising utilisation of slots available to 111 and the management of these.
- ▶ Refresh of communications sent to Primary Care, around messaging to provide guidance to practices around the use of 111.

▶ SaTH to review data to improve the availability of the UTC service and improved triage based on current attendance/requirement patterns

▶ Acute reviewing number of ED Slots available to NHS 111 and working to increase the number of slots available.

▶ Review of ED attendances for Soft Tissue/injury and wound currently 36% of ED activity and whether there are alternative provisions in the system to ED.

▶ Work on going to look at increasing the usage of NHS Ask App which provides waiting times locally of ED, MIUs etc

▶ Ongoing review and maintenance of the 111 Directory of Services, specifically MIUs to increase utilisation across all 4 MIUs.

▶ West Midlands Ambulance now have the ability to book into SDEC from August 20 via Care Coordination Centre.

▶ STW Health Watch Survey part 2, to commence from beginning of October 2021 through to the end of December 2021.

- ▶ Linkage with Acute provider to understand patient behaviours and choices, enabling focus on key areas or gaps in processes/system
- ▶ System wide communications strategy in development.
- ▶ Targeted communication and messaging focussing on MIUs and their offer/criteria.

▶ Working commenced with regional colleagues exploring “Missed opportunities in the system” and this can support unprecedented demand.

▶ Dedicated system wide 111 program looking at a number of work streams as part of the STW Urgent and Emergency Improvement program,

# Any Questions?

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