IUC Pilots: Fast Access to a GP via the *lines for health care professionals

London Clinical Senate Forum, 25th May 2017
Urgent GP support for ambulance crews this winter from NHS111

Can’t get the patient’s GP on the phone? Don’t wait, call 111 immediately. Follow the instructions below to quickly access a GP. Get the right advice and take action straight away!

Dial 111. Press 9 to continue. An automated message may ask you to confirm your location. When you hear the message “This call is recorded for quality purposes”, press * wait for the beep, then press 5. You will be connected to a Call Handler at the local NHS 111 service who will transfer you to a GP or arrange for a 20 minute GP call back. To feedback on this service contact england.nhs111submissions@nhs.net.

Urgent GP support for care homes this winter from NHS111

Can’t get the resident’s GP on the phone? Don’t wait, call 111 immediately. Follow the instructions below to quickly access a GP. Get the advice you need to care for your resident locally, and avoid unnecessary ambulance calls.

Dial 111. Press 9 to continue. An automated message may ask you to confirm your location. When you hear the message “This call is recorded for quality purposes”, press * wait for the beep, then press 6. You will be connected to a Call Handler at the local NHS 111 service who will transfer you to a GP or arrange for a 20 minute GP call back. To feedback on this service contact england.nhs111submissions@nhs.net.

Community Nurses and Rapid Response Teams

Can’t get the patient’s GP on the phone? Don’t wait, call 111 immediately. Follow the instructions below to quickly access a GP. Get the advice you need to care for your patient at home, and avoid unnecessary ambulance calls.

Dial 111. Press 9 to continue. An automated message may ask you to confirm your location. When you hear the message “This call is recorded for quality purposes”, press * wait for the beep, then press 7. You will be connected to a Call Handler at the local NHS 111 service who will transfer you to a GP or arrange for a 20 minute GP call back. To feedback on this service contact england.nhs111submissions@nhs.net.
IUC Pilots | Introduction

NHS 111/IUC services responded to the pressure London Urgent & Emergency Care services are under by rapidly mobilising winter pilots, in particular LAS highlighting a high number of calls from care homes that they believed could be better managed with a primary care intervention.

These aimed to deliver improved patient outcomes, improved flows and reduced pressures on the wider UEC system and include:

- Fast access to a GP for care home staff with residents requiring urgent medical advice, either through telephone assessment; home visit; or video link for visual assessment of the patient.
- Response to specific feedback from LAS crews that they were struggling to reach a GP when they were at care homes or in patients’ own homes
- Fast access to a GP for Health Care Professionals (HCPs - LAS crew members, care home staff & community nurses) in the community requiring urgent advice, where the patient’s own GP is not available.
- Onward referral advice and support from a rapid response nurse within the 111/IUC contact centre.
- Offering callers experiencing a mental health (MH) crisis a ‘warm transfer’ (i.e. where they are kept on the line until the call is connected) to a MH professional, for further telephone assessment and advice.

On Jan 23rd new * line telephony routing (Dial 111 press *5, *6 & *7) went live, which allows HCPs direct access to a GP through the 111 service – 'No decision alone'

This pack looks at the total call volumes to date of the use of the * lines, some initial outcome data, some specific case studies and the success factors of these pilots.
Reducing Demand on the U&EC System

The IUC pilots have given London NHS 111 providers an opportunity to accelerate piloting integrated models of urgent care in advance of their formal procurement and mobilisation phases.

1. **HCP Calls**
   - Enabling fast access to a GP between 8am – 8pm, 7 days a week for a telephone consultation, particularly for HCPs in the community. Ambulance crews, Care Homes and Community nursing teams can now dial 111 24/7, press * 5, 6 or 7 and connect quickly with a GP.

2. **Community Nursing & RRT**
   - Enhancing and Mobilising Community Nursing / Rapid Response Services via 111.

3. **Video-consultation**
   - Care Home video consultation linkage to GPs within 111 / IUC services.

4. **MH Crisis**
   - Implementation of rapid referral process from IUC to Mental Health Crisis services.

Quantitative: “Big Data” analytics to track patient journeys and evaluate the impact of the Winter Improvement programme work streams; link in with national RAIDR evaluation for NCL, ONEL and SWL.

Qualitative: The Picker Institute will be conducting in-depth qualitative interviews with staff across the U&EC system, including LAS999 crews, care home staff, rapid response teams, mental health clinicians and GPs.

5. **Pilot Evaluation**
HCP calls into *567 service since go-live

9,727 HCP * line calls have been received since pilot go live w/c 23/01/2017. Engagement with rapid response nurses is on-going - we are working with the Care Closer to Home Programme and BCF leads on this.

GPs responding to *567 calls by provider 23/01 – 21/05

<table>
<thead>
<tr>
<th>Provider</th>
<th>*5 LAS Crews</th>
<th>*6 Care Homes</th>
<th>*7 Rapid Response</th>
<th>Total Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care UK</td>
<td>441</td>
<td>1,080</td>
<td>20</td>
<td>1,541</td>
</tr>
<tr>
<td>LAS</td>
<td>412</td>
<td>1,326</td>
<td>18</td>
<td>1,756</td>
</tr>
<tr>
<td>LCW</td>
<td>874</td>
<td>1,655</td>
<td>27</td>
<td>2,556</td>
</tr>
<tr>
<td>PELC</td>
<td>455</td>
<td>1,504</td>
<td>26</td>
<td>1,985</td>
</tr>
<tr>
<td>Vocare</td>
<td>441</td>
<td>1,427</td>
<td>21</td>
<td>1,889</td>
</tr>
<tr>
<td>London</td>
<td>2,623</td>
<td>6,992</td>
<td>112</td>
<td>9,727</td>
</tr>
</tbody>
</table>

GPs responding to *567 calls by hour 23/01 – 30/04

The *6 line from Care Homes has been the most frequently used, especially at the weekend and surges in calls can be seen 6pm – 8pm.

Data source: London 111 PRM telephony data, 23rd Jan – 21st May
Initial outcome data* analysis shows

- Higher number of cases are being closed after a discussion between the HCP/ carer and the GP (self-management calls) for *line calls to the GP 57%- 68%
- For normal 111 calls, across London an average of 16% of calls are closed for self management

- Lower ambulance and ED referral numbers for *line calls to the GP

<table>
<thead>
<tr>
<th>Area</th>
<th>% ambulance referrals</th>
<th>% ED referrals</th>
<th>% referred to primary care/community services</th>
<th>% referred to another service</th>
<th>% case was closed – self management</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCL &amp; INWL</td>
<td>9%</td>
<td>4%</td>
<td>19%</td>
<td>0%</td>
<td>68%</td>
</tr>
<tr>
<td>NEL</td>
<td>9%</td>
<td>6%</td>
<td>26%</td>
<td>2%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Our working hypothesis is that fast access to a GP using the * transfer lines means that both care home calls and calls from ambulance crews in the patients home are receiving relevant advice and care management from the GP resulting in both ambulance conveyance and ED admission avoidance for frail elderly patients in their own home or care homes.

The conveyance rates for care homes calls to 999 previously was 87%.

*We are still working on the data quality for other areas and we are also planning to conduct a deep dive into the outcomes by caller type; LAS crew member/ care home staff member
London 111 / IUC Outcomes | Over 85s

We also wanted to look at the over 85 yrs. old group when the GPs are not busy with a *line call, they are asked to respond to more complex 111 calls, including frail elderly over 85 age group.

For the over 85s we are stating to see lower acuity outcome figures when 111 providers have utilised the skills of a GP in the hub 24/7 targeting complex /over 85 yrs as part of the GP caseload. Overall more cases are closed for this cohort of callers.

Data is also indicating that new IUC providers with new IUC patient pathways contribute to lower ED referral rates and higher numbers of callers not being recommended another service ie case being closed, compared to NHS 111 service standard model. The 3 models are highlighted below:

Some of the cases (TBC) will be directed straight to a clinician, having been identified by the London PRM as having a digital care record - SPN, Care plan or End of Life Plan.

Data for week, 24th April – 30th April.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Over 85s Data</th>
<th>% ambulance referrals</th>
<th>% ED referrals</th>
<th>% referred to primary care</th>
<th>% referred to another service</th>
<th>% case was closed – self management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care UK</td>
<td>111</td>
<td>24.7%</td>
<td>2.2%</td>
<td>62.3%</td>
<td>0%</td>
<td>10.8%</td>
</tr>
<tr>
<td>LAS</td>
<td>111</td>
<td>14.3%</td>
<td>1.9%</td>
<td>59.9%</td>
<td>12.3%</td>
<td>11.5%</td>
</tr>
<tr>
<td>LCW</td>
<td>IUC</td>
<td>12.8%</td>
<td>1.8%</td>
<td>29.9%</td>
<td>8.6%</td>
<td>46.9%</td>
</tr>
<tr>
<td>PELC</td>
<td>IUC Vanguard</td>
<td>22.6%</td>
<td>2.5%</td>
<td>42.7%</td>
<td>14.2%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Vocare</td>
<td>111 / IUC*</td>
<td>15.1%</td>
<td>1.8%</td>
<td>64.8%</td>
<td>5.3%</td>
<td>13.0%</td>
</tr>
<tr>
<td>London totals – over 85s</td>
<td>16.7%</td>
<td>1.9%</td>
<td>44.6%</td>
<td>12.0%</td>
<td>24.7%</td>
<td></td>
</tr>
<tr>
<td>London totals – all ages</td>
<td>10.3%</td>
<td>11.6%</td>
<td>46.6%</td>
<td>13.9%</td>
<td>17.6%</td>
<td></td>
</tr>
</tbody>
</table>

1 LCW IUC model  
2 PELC’s vanguard pathway  
3 Early impact of Vocare’s new pathway for over 85s getting direct access to a GP

*Sexual health, Social care, Maternity, Health visitor, Police, Other
PELC 111 GPOOH NEL installed video conferencing links to give carers and care home nurses rapid access to a GP assessment without the need to move the patient or for a care home visit by.

There have been a number of technical and procedural issues which have impeded the use of the Telehealth, largely around patient and family consent, technology implementation and records keeping. These have all now been resolved and the service is being offered. Care home staff are being encouraged to make all their calls to 111 using the video technology.

Last week the system was used twice and we have detailed examples of how the service worked in practice below. In both these cases the clarity of the video link was of sufficient quality that the GP was able to accurately assess the significant points without the need to visit the patient, thus ensuring

- Minimal disruption to the patient,
- Reduced time to treatment for the patient,
- Productive use of GP time – with no visit being required the GP time was available for a more timely response to other patients,
- Cost savings - an average saving of £120 per hour for each home visit

The patients were observed on the video link and live consultations took place. Patients’ details were confirmed, consent obtained and the care home nurse acted as a chaperone.

**Case Details**

**Case 1**
- 84 year old female
- Diarrhoea & Vomiting
- The patient was tolerating fluids and passing urine regularly.
- She did not complain of any dizziness on standing or any abdominal pain.
- She was alert and orientated.
- Vital signs were done and were within normal limits.
- GP observed the colour of the urine sample over the video link.
- Dioralyte and buscopan was issued over the phone.

**Outcome**
- Home visit / ambulance dispatch avoided.
- Routinely if the patient was vomiting then LAS would have been called to convey the patient to A&E due to risk of dehydration.

**Benefit**
- Rash was observed on the video link –was moderately inflamed but no active bleeding observed.
- The nurses were reassured.
- Timodine was prescribed.

It is early days but we are hoping that the service will be utilised more.

NWL & SWL are looking to use the lessons learned experience here.
We wanted to get feedback from LAS999 crews who had used the * line to help inform our evaluation and improve the service if required. Our innovative way of doing this was to text LAS999 crews using a “Speedback” mechanism. Those who had used 111 *5, 1 hour after their call, to capture their feedback on the speed and quality of their experience and provide them the opportunity to give any other feedback they had.

The 3 automated texts LAS 999 crew members receive, after using 111 * lines are below:

**SMS 1**
Thank you for calling NHS111 and using the HCP *5 line. We would like to hear your feedback on the service. Please note all SMS responses are free and treated anonymously. Did you speak to a GP within 20 minutes of calling NHS111? Reply Yes or No.

**SMS 2**
Did you find the clinical guidance provided by the GP helpful? Reply Yes or No.

**SMS 3**
Please let us know any other comments by free text. Many thanks for your feedback.

Anonymous feedback received is recorded on the 111 PRM dashboard and some recent examples from LAS crew members is below:

- “Efficient”
- “Great service and a lot quicker than it used to be”
- “Very helpful thank you”
- “It was a prompt service and it was effective. Thank you.”
- “I did not get a ring back”
- “Took over half an hour after requesting a GP call back”
Critical Success Factors

Key activities are listed below that set up the pilots for success, all which enabled rapid mobilisation and/or resolution of any issues encountered

- Daily stand up calls
  - Internal 111 HLP team
  - With providers/ commissioners
- Use of the NHS 111 PRM Cloud Platform
- Lessons learned sharing
- Iterative and flexible approach
- Data requirements and capture
- LAS “Speedback”