

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

111 REPORT – NOTES FROM 111 VISIT - FEBRUARY 4th 2014

Visitor: Malcolm Alexander - FINAL

I was welcomed by Amanda Wheaton Centre Operations Manager for LAS 111 service covering the boroughs: Bromley, Bexley and Greenwich (plus 30% of calls for Lambeth, Southwark and Lewisham and 10% from other areas). The LAS 111 centre is located at County House, 221-241 Beckenham Road, Beckenham, Kent, BR3 4UF. The LAS clinical lead is Dr Fenella Wrigley. There are 4, 111 providers in London.

Amanda's colleagues provided valuable information about the service. The atmosphere of the centre was very positive. The basic service model is that patients phone 111 and their call is located by radio-mast to the nearest 111 centre. Call are received by 'call-handlers', who use an algorithm to take a detailed case history and may either provide non-clinical advice/signposting, or refer to a clinical adviser, who may speak to the caller immediately or will phone back. In some cases 111 may refer the patient to an on-call GP if the call is out of usual working hours – 45% of OOH (out of hours) callers are referred to OOH GP services.

1) Directory of Service DoS

The source of service information is contained in the Directory of Services (DoS), which is a list of registered local services including A&E, urgent care centre and local mental health teams -but some major services are not on the DoS, e.g. Oxleas mental health services. The DoS is not in the public arena, but matches the services which can be located through NHS Choices. Constant use of the DoS keeps it up to date, but it is the duty of the service providers to keep their sections up to date. The DoS is also available to all GPs. Claire Goodey is the DoS lead in south London (DoS Responsible Officer). The South East London CCG clinical lead is Dr Patrick Harborow.

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2) **NHS Number** – this does not come through automatically from the patient's address/date of birth. This limits the clinical information that is available about the patient who phones in, e.g. about their

current medication. The central database for all NHS patients is called the 'spine'.

- 3) **Patient Special Notes** – in some case the patient's address will link to a 'Patient Special Note' or 'Coordinate My Care'. These systems may connect to 'advance directives' and specific details of end of life care, as well as more general information regarding allergies, safeguarding issues, mobility etc. More clarity is needed on how this system works.

For the purpose of clarity, details concerning 'Advance Decisions to Refuse Treatment', 'Advance Directives', 'Living Wills' and 'Not For Resuscitation Orders' should NOT be recorded in Special Notes. Any such calls should be managed according to agreed procedure with the unscheduled care provider or as policy direct transfers with the following statement being used to form the special note:

"This patient has identified making an advanced decision regarding their treatment and/or may be terminally ill. Please put through to OOH provider as policy direct transfer for urgent clinical advice" <http://tinyurl.com/pmd9eer>

- 4) **Clinical Advisors** are all registered with the Health Care Professions Council (HCPC)/NMC. In the Beckenham Centre they are all either paramedics or nurses. Some are employed through agencies. They must all participate in a five week training programme which includes Adastra (the 111 computer system), NHS Pathways (the algorithm, and telephone skills. There have been some problems with the clinical skills of some agency staff needing updating. The process for recruiting from agencies is changing. In time Clinical Advisors may work from home – but not call handlers.
- 5) **The Pathways System** has 130 clinical scenarios and is reviewed twice yearly. Version 7 went live as planned in February 2014.
- 6) **Call Handlers** may have no previous experience. As part of the recruitment process they undergo an assessment which includes critical thinking skills. If successful they undergo a 4 week NHS Pathways training course.
- 7) **Going to A&E.** If a patient is advised to go to A&E they may be asked if they can get themselves there. Ambulances are called for 7% of 111 patients and 84% of these patients are taken to A&E. The

link from 111 to the LAS 'Emergency Operations Centre' is currently manual. Work on a new auto-dispatch system is still ongoing with no confirmed go-live date. It will eventually be automatic when an ambulance is needed.

- 8) **LanguageLine** is not much used – only 5 times since the service started on November 19th 2013. Audit of this service is not very advanced, e.g. time to answer the call and time to obtain appropriate interpreters. The 111 service is not advertised in languages other than English.
- 9) **Safeguarding.** There have been 39 referrals to other agencies, where information was passed on without the consent of the caller, e.g. safeguarding, domestic violence and mental capacity issues.
- 10) **Call Audit** – 1% of calls have gone through an audit process which requires a passmark of 86%. More information has been requested on this process. In addition, the service undertakes monthly end to end call reviews with the CCG Clinical Lead, which look at calls with a similar theme, e.g. ambulances dispatched from 111 but not conveyed by LAS.
- 11) **Walk-In Centres.** Some are nurse-led and some are doctor led. Those which are doctor led can prescribe medication to patients, whilst nurses are far more limited in what they can prescribe.
- 12) **Prescribing.** If a patient contacts 111 'out of hours' for an urgent prescription the patient's GP can be contacted and the prescription sent direct to the pharmacy for the patient to collect. There are about 130 prescription requests via GP each month.
- 13) **Emergency Dental Services** are on the DoS, but services are difficult to access out of hours, e.g. the King's dental hospital emergency service is very limited.

King's provides a limited walk-in service during normal working hours, Monday to Friday, at a clinic run by our Acute Dental Care Department, which is part of King's Dental Institute. This is a teaching department, so any treatment you have will be provided mainly by trainee dentists supervised by specialists. The clinic specialises in urgent dental cases such as facial swelling, abscesses, infections, severe bleeding, injury and severe or uncontrollable pain. The service is only for patients who are not able to see a dentist and who

need emergency treatment for a serious dental problem. It is available only during normal working hours, Monday to Friday.

- 14) Patient Survey** – there is a plan to carry out a survey of patients who have used the 111 service. I advised also contacting voluntary sector organisations representing people who have long term conditions who may be high level users of the service. The intention is to survey 1% of callers from February 2014 following consent having been obtained.

ISSUES TO FOLLOW-UP

- a) The quality of communications between the caller and the call taker.
- b) The effectiveness of telephone assessment.
- c) The ratio of health advisers to call takers.
- d) The quality of clinical advice Assessment of clinicians who provide clinical advice in 111 centres.
- e) The effectiveness of the services (pathways) available through the Directory of Services (DOS)
- f) The outcome of care provided when patients are transferred to clinical pathways.
- g) Audits of the 4 x 111 services across London.
- h) Ask for comparative data on the quality of 111 services across London and adjacent areas, e.g. Ashford, should be made available so that the public can see if 111 services in the wider area are working effectively.
- i) Request data to be placed in the public arena regarding the governance, assessment and outcomes of calls made to the 111 service including patient feedback on the service.

**Malcolm Alexander,
Chair,
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