



Standard Operating Procedure Name:	Standard Operational Procedure for 111/IUC Winter Pilots – Improved access to GP Clinical Support
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1. Introduction

- 1.1. NHS Urgent and Emergency Care (U&EC) services are under immense pressure and NHS 111 services have been asked to respond to these challenges by rapidly mobilising winter pilots which aim to deliver improved patient outcomes, improved flows and reduced pressures on the wider system and acute settings:
 - Transfer from an 'assess and refer' model to 'consult and complete' using **24/7 GP clinical capacity**.
 - Enabling **Health Care Professionals (HCP) to access direct GP clinical support** easily ("No Clinician Alone").
 - Ensure care/nursing/residential home calls are streamed to the **most appropriate service, and only to LAS999 when clinically appropriate**
- 1.2. The Healthy London Partnership (HLP) Integrated Urgent Care (IUC) team has worked collaboratively with London providers and commissioners to analyse current rates of referral to Emergency Treatment Centres and LAS 999, as well as taking into consideration local initiatives and performance over Christmas in a series of wash-up workshops.
- 1.3. The HLP IUC team has successfully secured NHS England funding to mobilize and evaluate winter pilots which can demonstrate reduced demand on A&E services. Each 111 provider in London has worked with their commissioners to produce a business case proposal which outlines the elements pertinent to each U&EC network

2. Scope and Purpose of the Document

- 2.1. This document is designed to provide an overview on the impact of the winter pilots to current operational processes and outline the expected workflow.
- 2.2. There is currently a high volume of calls from care homes into 999 with approximately 90% conveyance rates – this pattern of demand is often in hours (afternoons).
- 2.3. Healthcare professionals (HCP) across U&EC system have highlighted the challenges they often experience in accessing GP clinical support.
- 2.4. Using the existing live Patient Relationship Manager telephony routing, providers will ensure that healthcare professionals have an ability to directly access GP clinical support 'no clinician alone' without going through a Pathways triage and using the same easy to remember number (111) and PIN (*5 for LAS999 crews, *6 for care homes, *7 for rapid response).
- 2.5. Providing access to In Hours GP Clinical Support is expected to deliver the benefits below:
 - 24/7 GP clinical capacity to provide care home with direct access to speak with a GP and therefore reduce the volume of care home calls to LAS999.
 - Increased volume of GP 'consult and complete' calls to reduce impact on other NHS U&EC services and referrals to other services.
 - Greater GP capacity to deliver home visits in hours and support LAS999 crew on the scene to enable LAS999 crew to move onto the next emergency call.
 - Weekend support for community nursing teams to share clinical risk with senior clinician for discharging Medically Optimised (MO) patients into the community to increase flow in acute settings.

3. Operational Model

This SOP is designed to identify and define the pathway for Health Care Professionals and Care Home staff from South East London, requiring access to GP clinical support from **Monday 30 January 2017 to Tuesday 25 July 2017** inclusive.

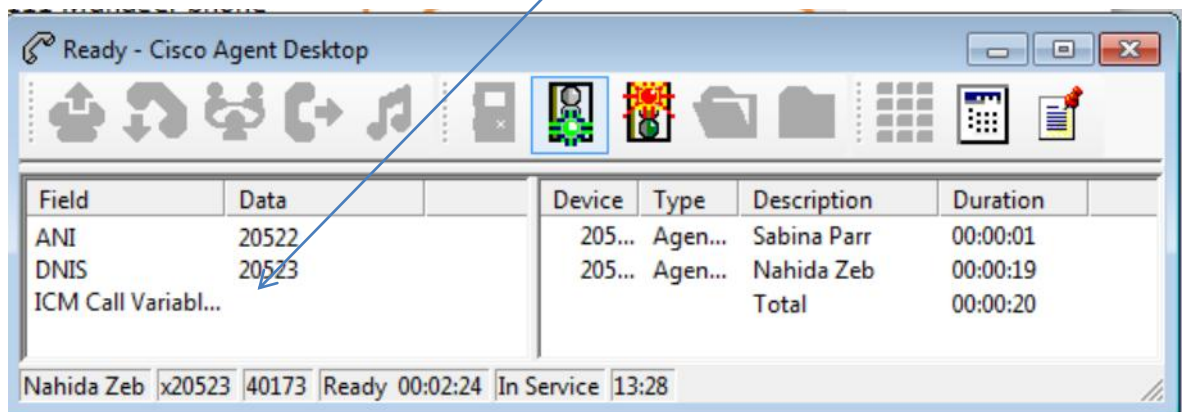
The following organisations sign up to this SOP:

- 1) London Ambulance Service NHS Trust (providing the 111 service for SEL)
- 2) Bromley Healthcare Community Interest Company (providing GP Out of Hours services to Bromley)
- 3) Hurley Group (providing GP Out of Hours services to Bexley)
- 4) Greenbrook Healthcare (providing GP Out of Hours services to Greenwich and Bromley)
- 5) South East London Doctors Cooperative Limited (providing GP Out of Hours services to Lambeth, Lewisham and Southwark)
- 6) South East London Clinical Commissioning Groups: Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark

4. LAS111 Process

Once the HCP caller in SEL goes through to LAS111, the call handler will follow the below process:

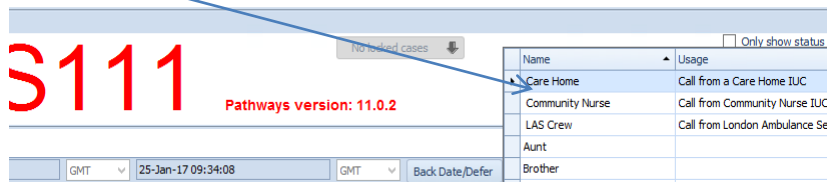
- 4.1. The Call Handler will check the turret to identify the call origin (see LAS NHS 111 Patient Relationship Manager SOP)



NB – initially this facility will not be available therefore Call Handler will be required to confirm call is from HCP requesting contact with GP.

- 4.2. The Call Handler will request and record the demographics for the patient as per normal working

- 4.3. Mark the relationship as Care Home, Community Nurse or LAS Crew in the demographic screen



- 4.4. Where the call is from a carer in care/nursing/residential home
- complete a Pathways assessment to identify whether life threatening symptoms are present.
 - Where the following dispositions are reached the NHS Pathways disposition will be followed
 - Dx010: Emergency Ambulance Response for Potential Cardiac Arrest (Red 1)
 - Dx0101: Emergency Ambulance Response for Potential Cardiac Arrest (Red 1)
 - Dx011: Emergency Ambulance Response (Red 2)

N.B For all other dispositions select restart triage and follow the HCP to HCP process and select 'a doctor's representative or other authorized person'

N.B A Healthcare Professional is defined as a person associated with either a specialty or a discipline, who is qualified and allowed by regulatory bodies to provide a healthcare service to patients. A carer in a care/nursing/residential home is not qualified nor registered with a regulatory body and therefore is not included within the Healthcare Professional demographic.

- 4.5. During the initial triage process for all other HCPs select 'Healthcare Professional requesting contact with another Clinician'
- 4.6. Select the 30 minute call back option
- 4.7. Confirm the caller's contact number
- 4.8. Select 'HCP service: GP in the hub service (SELDOC): South East London' from the Directory of Services and follow disposition instructions
- 4.9. The Call Handler will advise the HCP that they are transferring the call to a GP and select South East London HCP service.
- 4.10. When the GP is located in **Croydon** you should attempt to warm transfer on **118740** and using conference call function transfer the call thorough to the GP.

If no response after 60 seconds send the call down ITK link **providing the interim and worsening instructions** as presented

- 4.11. When the GP is located in **Dulwich** you should attempt to warm transfer on (Primary) **0208 299 5505** or (Secondary) **0208 299 5507**. The Call Handler will wait a maximum of 60 seconds for a GP in the hub to answer and using conference call function transfer the call thorough to the GP.

Where no GP is available in the first instance the call will be answered by a SELDOC call handler

4.12. Where no GP is available and there has been no answer by SELDOC; the Call Handler will advise the HCP to expect a call-back and give standard worsening instructions

4.13. In all cases above (contact made with GP or SELDOC call Handler OR no contact made), the Call handler will transfer the case to the OOH Adastra queue

5. Hours of Operation

Timeframe	Workflow
Monday – Sunday 08:00 - 20:00	ITK Referral to 'HCP service: GP in the hub service (SELDOC): South East London' via the DoS and Warm Transfer to SELDOC Or SELDOC GP will callback within 20 minutes
Monday – Sunday 20:00 - 08:00	Referral to appropriate GP OOH provider (SELDOC, Bromley MRT, Bexdoc or Greenbrook) via the DoS

NB: DO NOT Select this service after 19:30 for call back or 19:45 for warm transfer. Calls should then be referred to the patient's own OOH Provider

Before 18:15 on weekdays, if a home visit is required, the GP in the SELDOC Clinical Hub will refer the HCP to the patient's own GP.

From 18:30 until 20:00 seven days a week and between 8:00 and 11:00 on weekends, the GP in the SELDOC Clinical Hub may refer to Bromley MRT, Bexdoc or Greenbrook (the GPOOH provider most relevant for that patient) if a home visit is required.

Staff Location

Organization	Location
LAS111	5th Floor, Southern House, Wellesley Grove, Croydon CR0 1XG
SELDOC In hours GP (08:00-20:00, 7 days a week)	Working from 5th Floor, Southern House, Wellesley Grove, Croydon CR0 1XG
SELDOC Mobile GP (11:00-19:00, weekends)	Based at Dulwich Community Hospital, East Dulwich Grove, London, SE22 8PT

Staff unavailability

If there is known beforehand to be a potential problem with filling a doctor's shift for the Pilot, SELDOC will contact the LAS111 call centre the day before to inform them.

If SELDOC is informed that a doctor is not available for their shift 'on the day of the shift', SELDOC will inform LAS111 and endeavour to get a replacement for part of the remainder of the shift.

However, assuming there is no doctor available for that day, the following mitigation will apply:

- On weekdays, until 18:30pm, the CQI will inform staff that there is no doctor available to receive calls.
- On weekdays (between 18:30pm and 20:00pm) and at weekends (between 08:00pm and 20:00pm), the 'doctor at Dulwich' process (see 4.11) will apply. SELDOC OOH doctors will have sight of the HCP cases that are routed into the OOH Adastra (N.B. this is the standard mitigation process that is in place during the OOH period). The CQI should inform staff that there is a doctor available at SELDOC to deal with cases, but that there might be a reduced level of response time in place.

6. Eligibility

- 6.1. All HCP calling regarding patients in South East London including carers from nursing, residential and care homes.
- 6.2. Where the call is from a carer then an initial assessment using NHS Pathways will be completed to exclude life-threatening symptoms
- 6.3. Access via a dedicated direct line for LAS999 Crews, nursing/residential and care homes and rapid response nursing teams.

7. Telephony Routing Changes

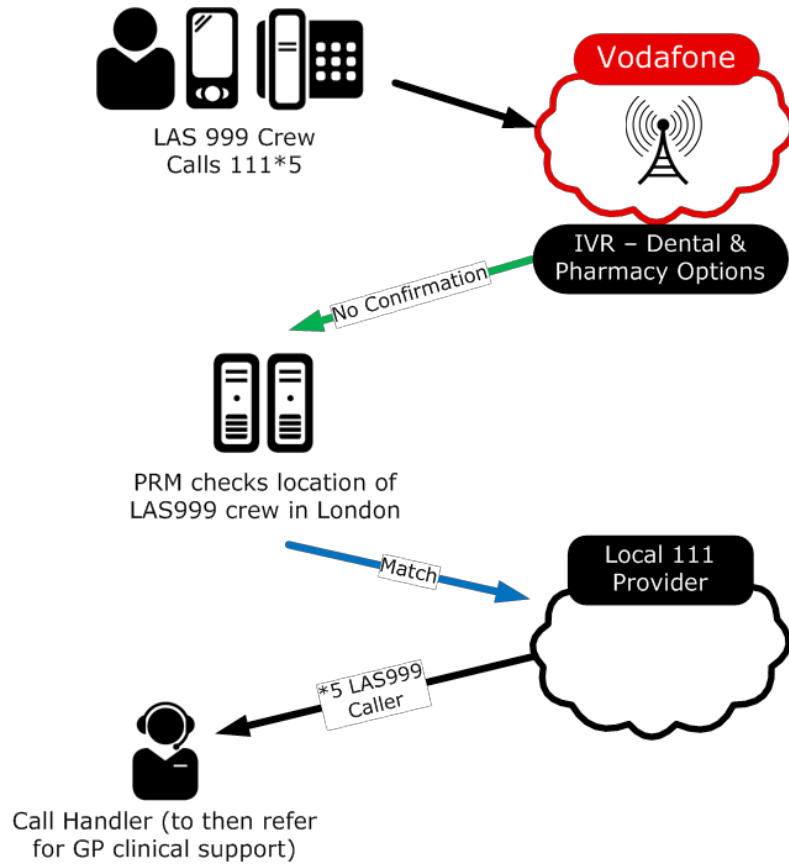
a. Call Advisors in LAS NHS 111

There are three ways in which a Call Advisor may receive additional HCP calls:

7.1. London Ambulance Service 999 crews seeking GP Clinical support

This is the primary way LAS999 crews will access greater GP clinical support – by calling 111 and selecting *5 to be routed to a call handler who will collect basic demographics and refer to local GP clinical support.

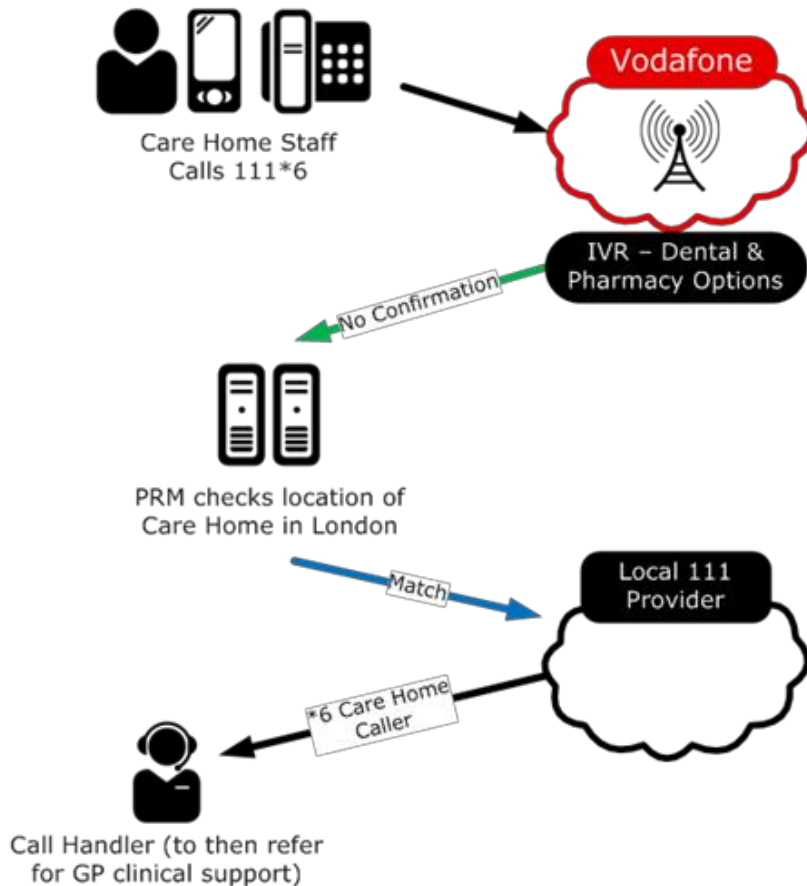
SOP for Winter Pilot Process v2.6



7.2. Care Home staff seeking GP Clinical support

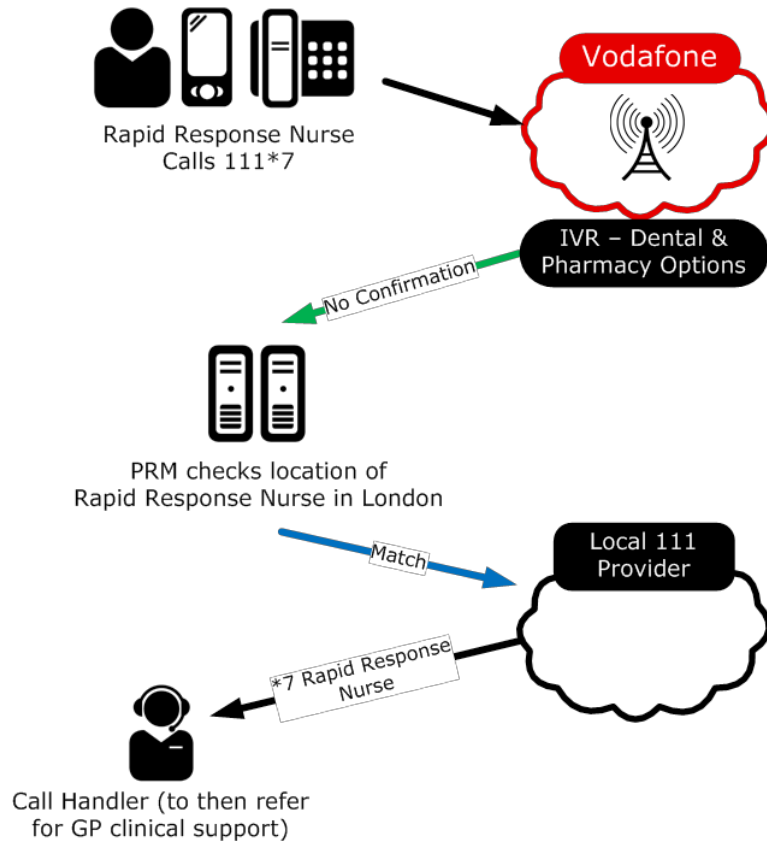
This is the primary way Care/nursing/residential Home staff will access greater GP clinical support – by calling LAS NHS 111 and selecting *6 to be routed to a call handler who will collect basic demographics and refer to local GP clinical support:

Where the caller is a carer and not a registered nurse or other HCP an initial assessment will be completed to exclude life threatening symptoms before the HCP to HCP route is followed.



7.3. Rapid Response nurses seeking GP Clinical support

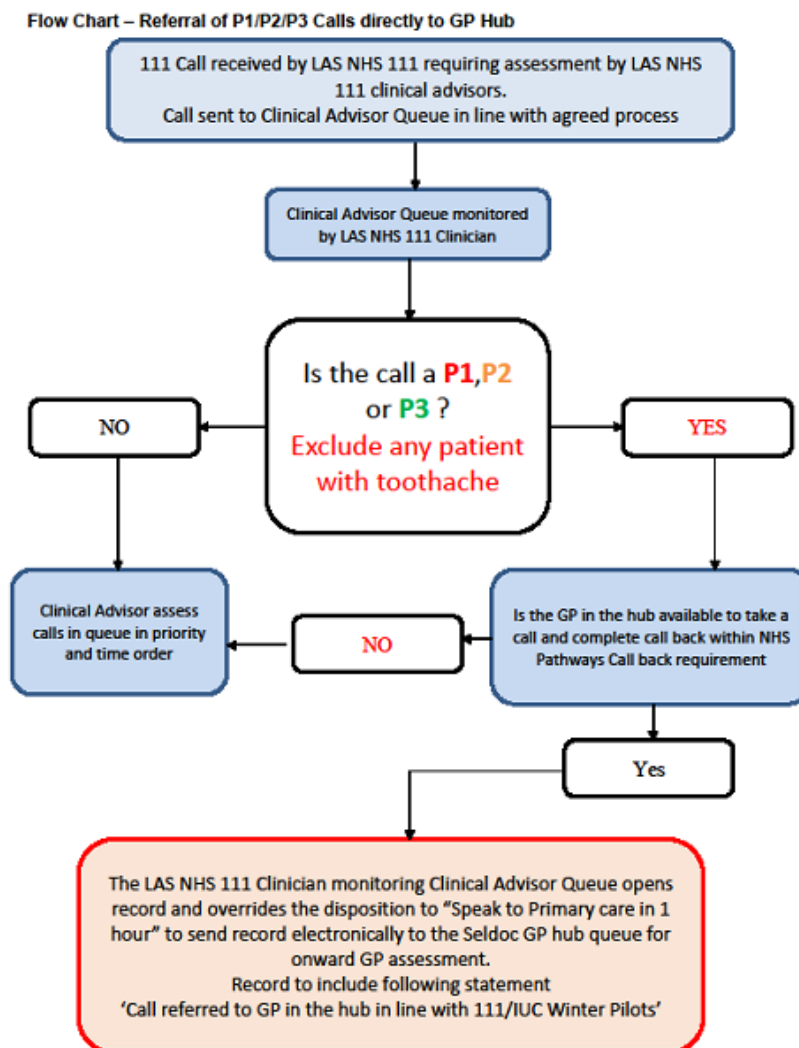
This is the primary way rapid response nursing staff will access greater GP clinical support – by calling LAS NHS 111 and selecting *7 to be routed to a call handler who will collect basic demographics and refer to local GP clinical support:



8. GP in SELDOC NHS111 Clinical Hub

- 8.1. Doctor to bring Smartcard to Base and report to Supervisor
- 8.2. HCP / Patient to be called back within 20 minutes
- 8.3. HCP calls to be prioritized for the whole duration of the operating scheme hours
- 8.4. Base Doctor to be available for HCP calls for whole duration of the operating scheme hours
- 8.5. Dependent on case traffic, 111 can also refer Priority 1, Priority 2 and Priority 3 calls to the GP for further advice:

In this case, the LAS111 CQI Advisor will communicate with the GP first to enquire on current capacity. Only if the GP confirms that they have current capacity, i.e. GP is not currently occupied with an HCP call, will the call be transferred to the OOH Adastra queue. The LAS111 CQI Advisor must liaise with the on-site GP, prior to passing the call, to ensure the call will be returned within the current Pathways time-frame recommendations based on its priority (found in LAS NHS 111 Management of the Clinical Queue and No Reply Procedure).



9. GP in SELDOC NHS111 Clinical Hub – Expected Outcomes

- 9.1. Assessment leading to appropriate clinical advice and closing case
- 9.2. Refer to patients own GP in hours for further care, GP information sourced via NHS Choices or MIDOS
- 9.3. Cases that result in Home Visit requests:
 - 9.3.1. **Weekends**

Refer case as Home Visit request, to the Pilot Mobile Doctor between 11am and 7pm or to respective OOH provider in remaining time periods of scheme operation (see below)
 - 9.3.2. **Weekdays**

Refer case as Home Visit request to own GP in hours for further care or to respective OOH provider in remaining time periods of scheme operation (see below)
- 9.4. Use MIDOS for onward referral, GP to discuss with service delivery manager as necessary

10. SEL Winter Funding Pilot - SELDOC Home Visit policy for neighbouring OOH Providers.

- 10.1. The Pilot scheme covers Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich.
- 10.2. This Pilot has a Base doctor working from Monday – Sunday 08:00 - 20:00. This doctor will handle the incoming HCP calls as described above. The Pilot also has a Mobile doctor available for handling Home Visits across all boroughs indicated above. The Mobile doctor hours are Saturday – Sunday 11:00 - 19:00.
- 10.3. While volumes are not expected to be high, there is a possibility that between the hours of 6:30pm and 8pm seven days a week and between 8am and 11am on weekends, this pilot scheme will receive cases regarding Bexley, Bromley or Greenwich-based patients that result in a home visit outcome. These cases will need to be handed over to the respective OOH provider as a home visit request at these times.
- 10.4. The process for this handover request during the times between 6:30pm and 8pm seven days a week and between 8am and 11am on weekends will be as follows:
 - 10.4.1. If SELDOC determines a case as one requiring a visit, if the patient resides in Lambeth, Southwark or Lewisham, the case will be handed locally to SELDOC regular OOH provision
 - 10.4.2. If SELDOC determines a case as one requiring a visit, if the patient resides in Bexley, Bromley and Greenwich, the case will be phoned through to the respective OOH provider as a home visit request

- 10.5. Once the case has been successfully received by the other OOH Provider, SELDOC will also fax over the Case sheet for confirmation of the request

11. Prescribing

How to generate a prescription for duty doctors working from Pilot site

- 11.1. Start a consultation the usual way. If a prescription is required click on Prescribe button as you normally would
- 11.2. Fill and complete a prescription using the normal 'Prescribe' screen as you normally would
- 11.3. Click **Finished** when you have completed the prescription.
- 11.4. Click **Store for Later** button.
- 11.5. You will now be prompted to enter the details of the pharmacy to send the prescription to. Currently, the pharmacy details are captured in the consultation notes screen as free text.
- 11.6. Clicking on Next will take you back to the Consultation screen.
- 11.7. Finish the consultation by clicking on the standard Finish button.
- 11.8. Please note, before finishing the consultation advise the patient that they may receive a phone call from another SELDOC doctor to clarify any additional points before the prescription is sent to the chemist. Make a note of the case number.
- 11.9. Contact operations staff at Dulwich **0208 299 5505** or **0208 299 5508** informing them of the Case number for the required prescription.

For Dulwich Base Ops/Doctors

- 11.10. Operations staff should Case Edit on the given Case number
- 11.11. Change case status to - OLC Waiting for Clinician
- 11.12. Base clinicians should then select the case by Case number from the On-Line Clinician (OLC) screen. You will then be presented with the standard Patients Details screen, but with an additional tab for Prescribing. All the clinical notes from the Remote Doctor who initiated the prescription will be viewable under Current Consultation.
- 11.13. Clicking on the Prescribing tab shows the details of the pharmacy entered by the remote clinician. This should be noted on the plain paper side of the prescription when it is printed out.

11.14. The base doctor can now review the remote worker clinical notes from the Current Consultation tab, and click on the Prescribe button to print the prescription if they are satisfied that the prescription is appropriate.

11.15. The base doctor can now Print the prescription and Finish case, or update existing consultation notes, and if necessary contact the Patient or remote clinician. The prescription needs to be passed on to the supervisor to be faxed.

12. Management of Incidents, Complaints and Feedback

12.1. An incident reported relating to the pilot will be managed in line with the LAS NHS 111 Management and Handling of Complaints, Concerns and HCP Feedback policy

12.2. Where the incident involves another organization the Pan London NHS 111 Complex Complaints, Incidents (non-SI) & HPF Agreement will apply

12.3. An incident that meets the criteria will be managed in line with LAS NHS 111 Serious Incident Management SOP