

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

VISITS TO THE SOUTH EAST LONDON 111 SERVICE

RECOMMENDATIONS TO THE LAS

CONTENTS

Executive Summary	...	...	...	...	...	...	...	...	2
Recommendations	...	...	...	...	...	...	...	...	3
Reports	...	...	...	...	...	...	...	...	6
Alexis Smith	...	...	...	...	...	...	...	...	6
Charli Mitchell	...	...	...	...	...	...	...	...	10
Elaina Arkeooll	...	...	...	...	...	...	...	...	13
Graham Mandelli	...	...	...	...	...	...	...	...	15
Malcolm Alexander	...	...	...	...	...	...	...	...	24
Mary Leung	...	...	...	...	...	...	...	...	28
Natalie Teich	...	...	...	...	...	...	...	...	29
Forum Member	...	...	...	...	...	...	...	...	30

Reports from Forum members and consequent recommendations.

FINAL DRAFT - VISIT TO THE CROYDON 111/IUC CENTRE

EXECUTIVE SUMMARY

In March/April 2019, nine Forum members visited the 111 Centre in Croydon, which provides the 111 service for five boroughs in south east London (Lambeth, Southwark, Lewisham, Bexley and Greenwich). The service is run by the LAS (as is the north east London 111 service) and has become a 111/IUC (Integrated Urgent Care).

The Integrated Urgent Care service specification requires the service to provide the following patient care services:

- access to urgent care via NHS 111, either a free-to-call telephone number or online;
- triage by a Health Advisor;
- consultation with a clinician using a Clinical Decision Support System (CDSS) or an agreed clinical protocol to complete the episode on the telephone where possible;
- direct booking post clinical assessment into a face-to-face service where necessary;
- electronic prescription; and
- self-help information delivered to the patient.

Integrated Urgent Care service specification

www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf

Each of our members observed the 111 service for four-five hours, spent time with a Call Handler and clinician and wrote a report on their findings.

Members were provided with a list of questions about services for callers with mental health problems and more general questions. Members were not required to ask all of the questions, but could select those questions most appropriate to the situation they experienced in the 111 Centre.

Mental health care was chosen as a priority theme because of the Forum's concern about access to appropriate and adequate services for this cohort of patients, and because this issue has been prioritised by the LAS, in relation to mental health nursing in the Clinical Hub and the mental health car in south east London.

Members signed a confidentiality agreement before entering the 111 Centre and were received in a very positive way by Centre Managers, Call Handlers and Clinicians.

Statements produced by members form part of this report, as well as 25 recommendations which arose from member's observations and discussions with 111 Centre staff.

We are grateful to Tracy Pidgeon, Clinton Beale and Anne Jones for supporting and enabling our visits, and to the following Forum members for their participation, reports and recommendations: Alexis Smith, Barry Hills, Charli Mitchell, Elaina Arkeooll, Graham Mandelli, Malcolm Alexander, Mary Leung and Natalie Teich.

RECOMMENDATIONS FOR IMPROVEMENTS TO THE 111 SERVICE

WE RECOMMEND:

1) PARITY OF ESTEEM FOR PATIENTS IN A MENTAL HEALTH CRISIS

that the 111 service employs mental health nurses in their clinical team 24/7, and develop better remote access to mental health workers/psychiatric liaison professionals. This will ensure that Call Handlers can quickly refer a caller to a clinician with the most appropriate clinical knowledge, experience and access to specialist services. Patients should feel 'heard' and able to describe their distress or trauma to experienced mental health clinicians.

2) PARITY OF ESTEEM AND MENTAL HEALTH CARE IN THE LAS CLINICAL HUB

In order to achieve parity of esteem for patients suffering a mental health crisis, the LAS Clinical Hub should aim to ensure that all mental health referrals to the Hub receive a response from a member of staff qualified and/or trained in mental health care.

3) 111:999 LIAISON

A review of the liaison between 111 Croydon and the LAS EOC's to improve access to EOC clinical hub nurses and the LAS mental health car in south east London.

4) ACCESS TO THE LAS MENTAL HEALTH CAR

That staff in the 111 centres are provided with better information about access to the south east London mental health car. Staff seemed to have little awareness of this service, or if they are able to refer patients to this high-quality LAS development.

5) CALL HANDLER AND CLINICIAN TRAINING

WE RECOMMEND that enhanced mental health training is given to all Call Handlers to improve the triaging process, and to clinicians to ensure that there is a shared understanding and appreciation of risk in the 111 centres in relation to patients in a mental health crisis.

6) COMMUNICATING WITH PATIENTS EXPERIENCING MENTAL HEALTH CRISIS

Call handlers and clinical staff should receive specific training to communicate effectively with patients who may struggle to explain their mental health problems during a call to 111.

7) WORKING WITH THE VOLUNTARY SECTOR

The 111 service should develop better contacts with Mind and other mental health charities to provide support for people who may need ongoing community support following a mental health crisis.

8) SEVERE GYNAECOLOGICAL ISSUES

The 111 service should focus more on the needs of patients with severe gynaecology issues, e.g. sensitivity to the needs of women who experience painful and extreme symptoms of menstruation.

9) DENTAL CARE

A survey should be carried out to identify the location of callers requiring urgent dental care over a 3-month period, and action recommended to local CCGs to commission appropriate levels of local dental care, including urgent dental care. Guy's Dental Service should be commissioned by the CCGs to provide urgent dental appointments via the 111 service clinicians/navigators. It was surprising that so many people were contacting 111 for urgent dental care.

10) ACCESS TO FALLS TEAMS

The capacity for clinicians to make direct referrals to 'borough based' falls teams should be developed and enhanced to enable the 111 service to provide a more rapid and safer service to patients who have suffered a fall.

11) SAFEGUARDING REFERRALS

When safeguarding referrals are made by the 111 service to the local authority, outcome reports should be considered a mandatory requirement for each referral, to ensure the referral was appropriate, enhanced the safety and care of the referred patients and promotes learning for staff about effective safeguarding referrals.

12) CARE PLANS AND COORDINATE MY CARE

WE RECOMMEND an enhanced process to enable Call Handlers to access CmC statements of callers, and a process to advise patients and their GPs about the benefits of developing a CmC plan.

13) TIME FRAME FOR CALL-BACKS

There should be a time-frame for call backs from clinicians, so that callers know at what time to expect the call back, and so that callers can be rung-back if there are delays in clinical call backs.

14) ACCESS TO GPs

The 111 service appears to respond to many patients who cannot get adequate access to their GPs. WE RECOMMEND that the 111 service collects data on geographic areas, where access to GPs is most problematic, and advises CCGs of the need to enhance primary care access in those areas. Surveys of patients to identify other issues regarding the quality of primary care would be an invaluable resource to aid service

15) IMPACT OF TRAUMA ON CALL HANDLERS AND CLINICAL STAFF

The 111 service should provide clear information to all staff regarding debriefing, counselling and support to deal with trauma caused through interaction with traumatised patients. We make this recommendation because the answers we received from staff on this issue were Sometimes vague, unclear and inconsistent with the advice from trauma lead Fatima Fernandes.

RESPONSE FROM FATIMA FERNANDES

"I was not aware that we had a "Pulse on-line computer system. It might be regarding the PAM generic OH referral online system (O.H.I.O), but, again, I have repeatedly raised concerns about the fact that using O.H.I.O contravenes confidentiality guidelines".

However, all 111 staff can be referred for a TRiM consultation when they have to deal with a particular challenging call – like every other member of staff. The email address for TRiM Consultation referrals is TRiMConsultations@lond-amb.nhs.uk. Staff should not be referred to counselling after a potentially traumatic job because it can exacerbate symptomology". Fatima Fernandes, Staff Support, Counselling and Occupational Health Services Manager, London Ambulance Service NHS Trust

16) REPORTING AND LEARNING FROM INCIDENTS

The 111 service should acknowledge best practice in the way Call Handlers respond to calls from distressed and abusive patients, and should be encouraged to report every incident.

17) WORK EXPERIENCE

111 staff should be offered the opportunity to go on ride-outs and observation sessions to EOCs and Clinical Hubs, to get a better insight into other parts of the LAS urgent and emergency care system.

18) CAREER DEVELOPMENT FOR CALL HANDLERS

A greater focus is needed on career development for Call Handlers, including access to careers such as nursing and paramedic science. We believe this would sustain and advance recruitment to the 111 service.

19) 111 SERVICE QUALITY

More information should be provided to assure the public about the standards of care and support available from the 111 service. The public need to know about high quality, good governance and effectiveness of the 111 service.

20) FOLLOWING UP CLINICAL OUTCOMES AND PATIENT CENTRED FEEDBACK

In liaison with CARU, the 111 service should develop follow-up for some clinical cohorts of patients to determine if the 111 response was effective from the patient view and in relation to effective clinical outcomes.

21) FEEDBACK FROM THE LAS CLINICAL HUB

To enhance the quality and effectiveness of the 111 service and the skills of staff, clinicians should be enabled to receive feedback from the EOC Clinical Hub, in relation to referrals they have made to the Hub, and the services/care provided to the patient.

22) CALLER'S CLINICAL HISTORY

Data should be available for Call Handlers and Clinicians to review callers' 111 history. This is especially important for people suffering from chronic illnesses, e.g. mental health crises and gynaecological problems.

23) ACCESS TO HISTORICAL CALLS

The 111 service should consider re-design of their data storage systems, to enable access and examination of clinical information from previous calls to and referrals by 111, in order to promote continuity of care.

24) REVIEWING REGULAR CALLERS

Data should be available demonstrating how often callers have called 111. Regular callers should be contacted to determine whether there are receiving a positive and therapeutic service.

25) SECURE ACCESS TO KEY INFORMATION SOURCES

Evidence should be provided that the 111 system is secure in relation to providing key information sources, e.g. BNF information. We assume that clinical staff have mobile phones with BNF apps, which can be used if there is a system failure, but this alternative source of information needs to be validated.

Malcolm Alexander
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