

NHS 111



**when it's less
urgent than 999**

Introduction

The NHS 111 service is being introduced to make it easier for the public to access healthcare services when they need medical help fast, but it's not a life-threatening situation. The NHS 111 service is part of the wider revisions to the urgent care system to deliver a 24/7 urgent care service that ensures people receive the right care, from the right *person*, in the right place, at the right time.

In future if people need to contact the NHS for urgent care there will only be three numbers 999 for life-threatening emergencies, their GP surgery or 111

The introduction of the new service will also help to drive improvements in the way in which the NHS delivers this care. It will enable the commissioning of more effective and productive healthcare service by providing comprehensive information on peoples' needs and the services they are directed to.

Background

Research with the public has made clear for some time that the public find it difficult to access NHS services when they develop unplanned, unexpected healthcare needs. Changes in the way in which services are delivered, in particular the introduction of new services like NHS walk-in centres or Urgent Care Centres, have added to the complexity of the urgent healthcare system. The result is that many people are unclear which services are available to meet their urgent, unplanned needs and how they should be accessed, especially outside normal working hours when GP practices are closed or when they are away from home.

NHS reviews have also found that patients want better information and more help to understand how to access the best care, especially urgent care, when they need it. Consultations with the public and clinicians carried out by Strategic Health Authorities resulted in them calling for the introduction of a single number to improve access to urgent healthcare services.



The Department of Health started work in 2008 on scoping the introduction of a single number to access NHS urgent healthcare services. This included carrying out research with the public that found there was overwhelming support for such a service in particular with a '999 style' memorable number.

The scoping work also identified that the introduction of a three-digit number could provide significant benefits, not only to the public, but to the NHS as well. The comprehensive up to date directory of local services, that is a key part of the NHS 111 service, will also be of great value to clinicians and will help identify any duplication of NHS services. The data that the NHS 111 service will collect on service demand will enable the commissioning of more effective and productive healthcare services that are better tuned to meet patient needs.

In 2009 the Department formally asked Ofcom to designate a three-digit number for the new service. Ofcom launched a public consultation in July and, following a positive response, announced the designation of 111 as the three-digit number for NHS urgent healthcare services on 18th December 2009.

The coalition government stated its commitment to a national roll-out of the new NHS 111 service as part of an integrated 24/7 urgent care service in the document *The Coalition our programme for government* and the White Paper *Equity and excellence: Liberating the NHS*. This set out the government's long-term vision for the future of the NHS: "Develop a coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their care. This will incorporate GP out-of-hours services and provide urgent medical care for people registered with a GP elsewhere. We will make care more accessible by introducing, informed by evaluation, a single telephone number for every kind of urgent and social care and by using technology to help people communicate with their clinicians."

The Secretary of State for Health, Andrew Lansley, officially launched the first of the NHS 111 pilots on 23rd August, in County Durham and Darlington. The service was subsequently launched in Nottingham City, Lincolnshire and in Luton in 2010, and in the Isle of Wight and parts of Derbyshire in 2011.

In August 2011 the Department of Health and the new NHS Commissioning Board wrote to all Strategic Health Authority Chief Executives asking them to submit their firm plans to complete the roll-out of the NHS 111 service by April 2013. Responses were received by the Department from each of the SHAs in September 2011 and on 1st October the Prime Minister, David Cameron and the Secretary of State for Health, Andrew Lansley announced that the NHS 111 service would be operating across England by April 2013.

How the NHS 111 service works

The NHS 111 service is available via the easy to remember, three-digit number – 111. Calls from landlines and mobile phones are free and the service is available 24 hours a day, 365 days a year to respond to people's healthcare needs, when:

- they need medical help fast, but it's not a 999 emergency;
- they don't know who to call for medical help or do not have a GP to call;
- they think they need to go to A&E or another NHS urgent care service; or
- they require health information or reassurance about what to do next.

Callers to 111 are put through to a team of highly trained call advisers, who are supported by experienced nurses. They use a clinical assessment system and ask questions to assess callers' needs and determine the most appropriate course of action, including:

- callers facing an emergency will have an ambulance despatched without delay;
- callers who can care for themselves will have information, advice and reassurance provided;
- callers requiring further care or advice will be referred to a service that has the appropriate skills and resources to meet their needs; or
- callers requiring services outside the scope of NHS 111 will be provided with details of an alternative service.



Service specification for NHS 111

The NHS 111 service operates according to the following core principles:

Completion of a clinical assessment on the first call without the need for a call back.

Calls should be handled and, where appropriate, clinically assessed by the person who initially answers the call. If a nurse or clinical supervisor is required to complete the clinical assessment, the call should be transferred to the nurse, without the need for a call back. Only in exceptional circumstances where a nurse is not available, the caller should be called back by a nurse within 10 minutes.

Ability to refer callers to other providers without the caller being re-triaged.

Callers to NHS 111 should be clinically assessed once and, where appropriate, referred to the provider that is best placed to meet their needs. Referral protocols should be in place with providers setting out the arrangements for passing data and transferring responsibility for the care of the patient. The aim is to maximise understanding within the receiving service and minimise the need for the caller to repeat details.

Ability to transfer clinical assessment data to other providers and book appointments where appropriate.

Callers requiring another primary care service, including the GP OOH service, should have an appointment booked by the NHS 111 service where possible, and their clinical assessment details sent to that service.

Callers requiring in-hours GP services will be advised to contact their GP directly and advised that, if their GP is unavailable within the suggested timeframes, they should call NHS 111 again to find an alternative service to meet their needs.

Ability to dispatch an ambulance without delay.

Where the clinical assessment of a 111 caller indicates that the dispatch of an ambulance is appropriate, the NHS 111 adviser should be able to dispatch an ambulance without any delay or re-triage of the call. Where clinically appropriate, the adviser should stay on the line to provide advice and support prior to the vehicle arriving.

These are the fundamental requirements that underpin the NHS 111 service.



Benefits

The introduction of the new NHS 111 service is expected to provide key benefits to the public and the NHS:

Improve the public's access to urgent healthcare.

The introduction of a free to call, easy to remember three-digit number, that is available 24 hours a day, 365 days a year will make it simpler for the public to access NHS urgent healthcare services. The NHS 111 service will also improve access by directing people to the local service that is best able to meet their needs, taking into account their location, the time of day of their call and the capacity of services.

This will improve people's experience of accessing services and help to increase their satisfaction and confidence in the NHS. The introduction of an easy to remember three-digit number will also help to reduce the number of 999 calls for non-emergency issues.

Help people use the right service first time including self care.

The NHS 111 service will provide a clinical assessment at the first point of contact and will direct people to the service that is best able to meet their needs. Where primary care services are the best place for a caller to be treated they will be directed there. People calling about medical issues or with long term conditions that can be effectively treated through self care will be given the advice and help they need.

This will help to reduce the number of unnecessary ambulance journeys, and reduce avoidable A&E attendances and unscheduled admissions to hospital via A&E.

Provide commissioners with management information regarding the usage of services:

The NHS 111 service will be able to gather comprehensive information on people's needs and the services they are directed to, identifying which are currently over or under used. This give commissioners a thorough understanding of the shape of demand for each service and will enable them to more effectively commission services that are tuned to meet people's needs. This will help to avoid any duplication of services and will improve the overall efficiency of the NHS.



FAQs

Is 111 the number for all NHS healthcare services?

111 is not intended to be the only number for access to NHS healthcare services. The NHS 111 service is for when people need help fast, but it is not a life-threatening 999 emergency; or they think they need to go to A&E or another NHS urgent care service; or they don't know who to call for medical help; or they do not have a GP to call; or they require health information or reassurance about what to do next.

In future if people need to contact the NHS for urgent care there will only be three numbers; 999 for life-threatening emergencies; their GP surgery; or 111.

What happens if a caller does not know whether it's an emergency?

If someone calls NHS 111, and the clinical assessment identifies that they are facing a life-threatening emergency, the NHS 111 service will dispatch an ambulance directly. The NHS 111 call adviser will provide first aid advice to the caller until the paramedics arrive, without the need for transferring the call, or for the caller to repeat information. It does not matter if a caller is unsure of whether something is urgent or an emergency; the NHS 111 service will direct them to the right service, first time, even if the right service is an ambulance response.

Will the NHS 111 service book appointments with GPs?

The NHS 111 service is required to have the ability to book appointments for patients where appropriate. If a caller is assessed as needing to be seen by an out of hours GP the NHS 111 call adviser should, where possible, be able to book them an appointment. If a caller requires in-hours GP services they will be advised to contact their GP directly, and if their GP is unavailable within the suggested timeframe, they should call NHS 111 again to find an alternative service to meet their needs.

Will NHS 111 replace NHS Direct?

The NHS 111 service, being introduced as part of the overall improvements to the urgent care system, will provide an easier to use, integrated 24/7 service that will enable the public to access the right service, first time. When NHS 111 is rolled out nationally, it will replace the NHS Direct 0845 4647 telephone number. Until then, NHS Direct will continue to provide its current service. While the telephone number will no longer exist in the long term, we expect an ongoing role for NHS Direct, alongside other providers, in delivering the NHS 111 service.



What impact is the introduction of the NHS 111 service having on other NHS services in the pilot areas?

It is too early to gain a full understanding or draw conclusions as to the impact that the NHS 111 service is having on other NHS services within the live areas. We know that it takes time, when a new service is introduced, for it to 'bed in' and perform at its most effective.

The independent evaluation work being carried out by the University of Sheffield and the data collected for the monthly minimum dataset indicates that in County Durham and Darlington, where the NHS 111 service has been operating since August 2010, that there has been a drop in A&E attendances and emergency ambulance despatches.

We are publishing all the independent evaluation reports from the University of Sheffield and the monthly minimum dataset reports (which includes management data on service operation and system impact) from each of the pilots.

How is the NHS 111 service being evaluated?

We have commissioned the University of Sheffield to conduct an independent evaluation of the NHS 111 service in the initial four pilot areas over 12 months of live operation. This is being carried out in stages to enable us to quickly gain an understanding of the quality and costs of the new service and the realisation of benefits. The final report will be published in spring 2012.

All NHS 111 areas are required to complete a monthly minimum dataset, that includes management data on service operation and system impact.

The University of Sheffield's interim evaluation reports are available at: <http://www.shef.ac.uk/scharr/sections/hsr/mcru/111>

Who will provide the NHS 111 service?

The NHS 111 service will be delivered by a range of different providers. We are working closely with NHS Direct, ambulance trusts and out-of-hours providers, who are all playing a role in delivering the NHS 111 service in the existing live areas.