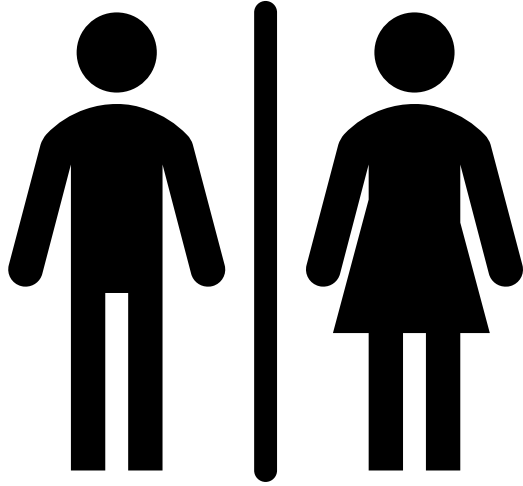




North East London

North East London 111 Service Market Engagement Event

Thursday 24th October 2024



Agenda

Item	Lead	Slides	Time
Welcome and introductions	Dr Paul Gilluley, Chief Medical Officer/SRO 111 Procurement		1.30pm
Recap from the first engagement event	Fiona Ashworth	5-8	1.40pm
Current NEL 111 IUC model <ul style="list-style-type: none">- Patient Feedback- Clinician Feedback- NEL Place engagement	Sarah Bryan	9-14	1.50pm
Current Same Day Access Services	Dr Kullar	15-18	2:05pm
Proposed future 111 model presented and Discussion <ul style="list-style-type: none">- Patient Pathway	Dr Kullar Anna Hanbury	19-25	2.10pm
Break			2.30pm
Our local boroughs <ul style="list-style-type: none">- Test of change pilots	Dr Kullar Jonathan Weaver	26-30	2.50pm
Call Handling	Dr Kullar, Sarah Bryan	31-35	3.10pm
Digital interoperability	Mark Bamlett	36-39	3.30pm
NEL 111 Procurement timelines	Sarah Bryan	40 - 41	3.50pm
Close / next steps	Dr Kullar, Fiona Ashworth	42 - 43	4.00pm

Welcome and Introductions

NEL 111 Procurement Project team:

- **Dr Paul Gilluley** Chief Medical Officer, SRO NEL 111 Procurement
- **Fiona Ashworth**, Urgent & Emergency Care Transformation Director, NEL ICB
- **Dr Narinderjit Kullar**, NEL 111 Procurement Clinical Lead, NEL ICB
- **Mike Maynard**, 111 Procurement Programme Manager, NEL ICB
- **Sarah Bryan**, UEC Programme Manager (111 IUC), NEL ICB
- **Anna Hanbury**, Commissioner lead 111 Procurement, NEL ICB
- **Samreen Iqbal**, PMO Officer, 111 Procurement, NEL ICB



North East London

Recap from 17th October 2024 engagement event

Overview - Recap

The overarching aim of the session is to provide further insight to the NEL ICB procurement of a new 111 service and clarify any outstanding queries by:

- Discussing the local population of NEL
- Review further insights to the current NEL 111 IUC service and provision
- Receiving your input/ideas into the design of a new model for Clinical Assessment Service Delivery
- Reviewing the Test for change within the local boroughs
- Providing clarifications/feedback for questions arising from our first engagement event (17th October 2024)
- Discuss supporting infrastructure enablers such as Digital provision and requirements

Recap - North East London Boroughs

- North East London (NEL) consists of the eight London boroughs and is configured over **seven places** as follows:
 - Barking & Dagenham
 - Havering
 - Redbridge
 - City and Hackney
 - Tower Hamlets
 - Newham
 - Waltham Forest
- The total population of NEL is currently **2.05m**, The population is hugely diverse by ethnicity, country of birth and language, with over 200 languages spoken and numerous religions/faiths.
- It is estimated that by 2041, the NEL population is projected to grow to 2.33 million – this is a growth of 331,000 people since the 2021 census which is equivalent to adding an additional borough.
- This predicted growth is not uniform with Newham and Barking and Dagenham expecting the greatest population growth of 21% (75,000 people) and 37% (83,000 people) respectively. Tower Hamlets is the third place of growth with an increase of 15% (47,000 people) by 2041
- **The NEL London places** of Barking and Dagenham, Hackney and to slightly lesser extent Newham and Tower Hamlets are some of the **most deprived places in England**.
- Barking and Dagenham is ranked 22nd and Hackney 23rd most deprived out of 317 local authority areas in England. Newham is ranked 43rd and Tower Hamlets 50th.

17th October 2024 engagement event (recap)

Key areas of discussion

1. Local Borough's and existing provision
2. Current model, successes and challenges
3. Call management model (PRM) and future development plans
4. Proposed future model
 - suggestion of a localised CAS type service integrated with UEC services
 - splitting of call handling and reallocation of primary care dispositions

Questions asked

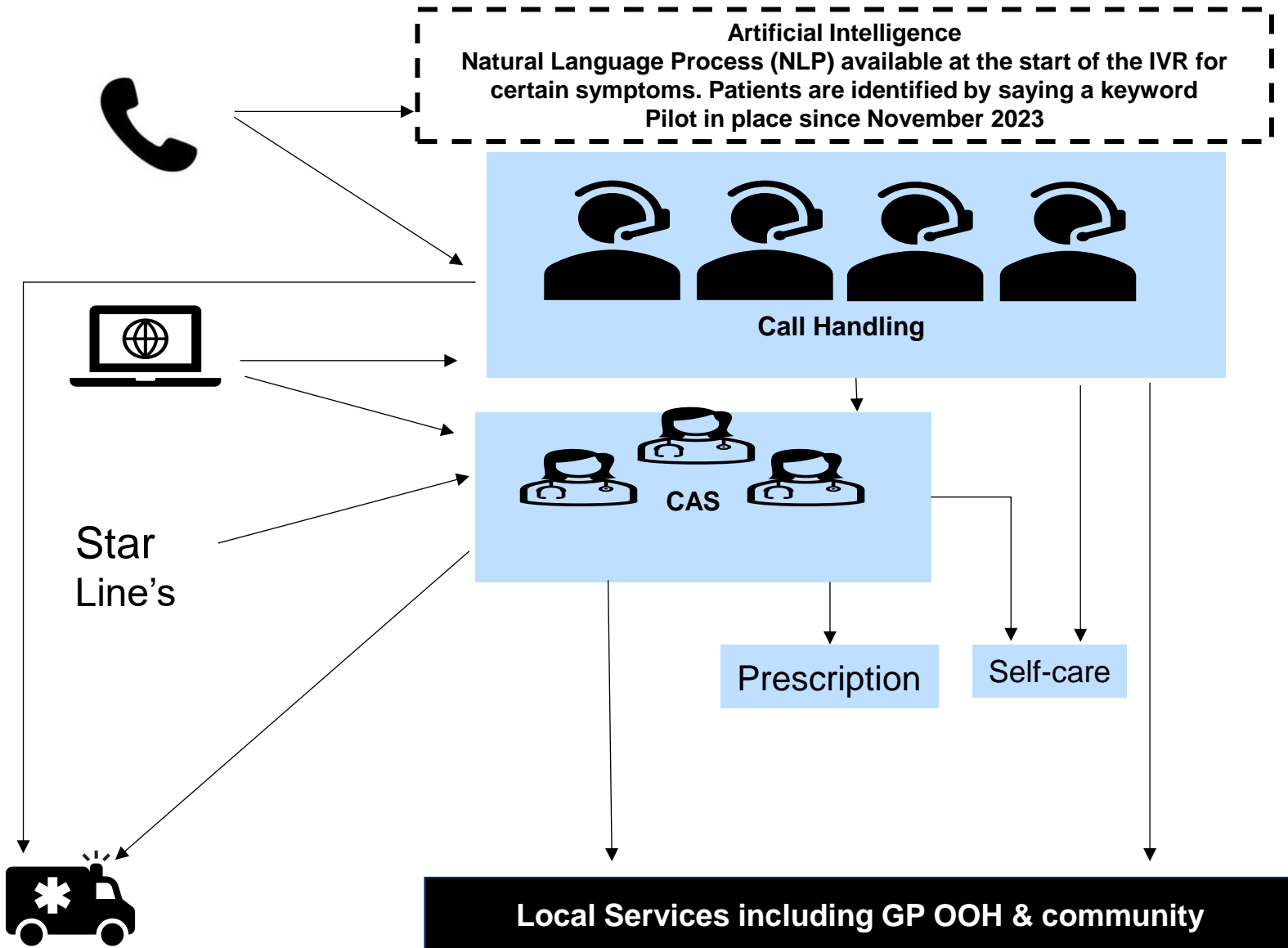
- The Development of Virtual Wards to reduce clinical touch points, as highlighted at the event, ongoing work to improve capacity, criteria and integration continues in line with NHS England updated guidance
- How the model would work with existing services
- Test for change pilots, repurposing of existing provision and resource at PCN level
(Currently 2 live pilots in Tower Hamlets) – Further details outlined in this presentation



North East London

North East London Current 111 IUC service

Current 111 Model 24/7



Current model overview

111 call handling and CAS is provided by the same provider, both elements are available 24/7. Face to face is not included within the CAS.

Natural Language Processing (NLP) has been added to the current model to offer in November 2023

NHS pathways is used by call handlers (Health Advisors) to complete the 111 assessment

111 call handlers (Health Advisors) provide the following:

- Provide health / self-care advice
- Refer directly into downstream services (including electronic booking)
- refer to the CAS if clinically appropriate or no downstream services to book in to.

A number of early exist pathways were initially built into the CAS across NEL. Most of these pathways have been stood down, to try to reduce CAS referrals, which can be managed downstream.

Health care professionals can access the CAS directly via star lines to support assessment and management of their patients – including care home, domiciliary staff and LAS crew

Onward referral from call handler or CAS

- Appropriate services identified via the DoS (assessment outcome matched with service profile and timeframe)
- Referral made with direct electronic booking into timed appointment where available
- Limited scope for clinician – clinician referral

111 online assessments can result in direct referral to CAS

Experience of NHS 111



When do patients access 111?

- When they believe they need urgent care, but their condition is not severe enough to justify going to A&E
- When they believe they need to be seen by a GP but they are unable to get an appointment.
- When they are not sure how serious their symptoms are.

Analysis of comments from patients who were unsuccessful making a GP appointment (2022)

43% called 111 after unsuccessfully trying to get a GP appointment.

Out of those who called 111:

41%
were advised
by GP admin
staff to do so

33%
were told no
appointments
available, call
back the next
day

26%
couldn't get
through on the
phone to GP
at all

Survey of patients who used urgent care services (ambulances or A&E)- 2033

22% called 111 as part of their patient journey

30% of them tried contacting their GP before calling 111.

Survey of patients who used urgent treatment centres- 2019

11% called 111 as their first port of call.

2% called 111 after unsuccessfully trying to get a GP appointment

Experience of NHS 111



NHS 111 connects patients with other services; including GPs, ambulances, urgent treatment centres and dentists. The extent to which NHS 111 is seen by patients as “working well” may depend on how well it can work **with all other services.**

111 working well with GP surgeries:

“We were connected to a nurse who then arranged for a call back from a doctor from our GP practice. This came within an hour.”

111 working well with emergency dentists:

Boxing day, woke up to mind numbing tooth pain, queue looking around for an emergency dentist, then a call to 111, immediately got a call back to say I had an appointment with Stoke Newington Dental Practice an hour later [where I had a very positive experience].

111 working well with pharmacies:

Albeit doctor's telephone call was late at night, I needed prescription for antibiotic for cellulite. Antibiotic was put through my letterbox at 4am that morning (I was awake) so grateful for this.

111 working well with GP hubs and urgent treatment centres:

“My 17 year old daughter became very unwell and in pain from tonsillitis in the middle of the night and was vomiting from the pain. I called NHS 111. The initial triager was difficult to hear on the phone but she passed me on to the clinical team. A paramedic called me back very quickly and went through her symptoms. He suspected she had bacterial tonsillitis which could be treated with antibiotics and advised us to visit the out of hours GP at the hospital within the next 2 hours. This was at 4.30am. He made an appointment for us at 5pm and we took an uber to the local hospital and were seen by a very sympathetic and highly competent GP who examined my daughter's throat and instantly prescribed and provided antibiotics for a 2 weeks. It was very quick and efficient. Well done the paramedic and the out of hours service at Homerton Hospital”

111 working well with ambulances/ A&E:

“I phoned 111 as could not get my GP to see me. Was contacted by 111 GP within 10 mins, who arranged for non emergency ambulance, to make an assessment. Within a few minutes 2 lovely women arrived, who were kind and caring. They deemed I should be taken in A&E which they did and left me in the care of staff there. All wonderful and I had a host of tests [until] considered OK to go home; I was given prescriptions and advised to return immediately if I felt unwell. [...] Thank you all for being there for me and being so caring and kind.”

Experience of NHS 111



Poor access to other services, such as GPs and dentists, also impacts the ability of NHS 111 to support patients. The NHS 111 service itself is reported by some to be quite over-stretched, with long waits for a call back.

Some patients report being advised by NHS 111 to contact their GP (for example, in order to get a specialist referral or support for a long-term condition). Meanwhile, some GP surgeries advise patients to contact 111 when no appointments are available; a few patients reported ending up stuck in a loop/ being passed around between services with no adequate resolution.

As most dentists are not taking new patients, many call 111 when in need of emergency dentistry; as well as in order to get advice on accessing dental treatment beyond the immediate emergency. The 111 service is not always well-equipped for dealing with these queries, especially for patients with additional specific needs, such as accessibility issues.

Waiting for a call back can be particularly challenging for patients experiencing intense pain; they could benefit from more urgent support with pain relief and/or reassurance that it is safe for them to wait for the amounts of time they do.

NHS 111 is limited in the extent they can give advice on long-term conditions; and patients with long-term conditions may feel they are not adequately prioritised or understood. Specialist consultant-led or nurse-led helplines (for example: for heart patients, for arthritis patients) may be a better alternative for long-term condition advice.

“

“I was advised that 111 would help me find a local dentist. 111 were most unhelpful and advised me that they did not hold any information on access (for wheelchairs) to dentists and could only give me a list and advise to me to visit each individual dentist. I am currently unable to do this following a recent eye operation and would like to register my disgust that this information is not readily available.”

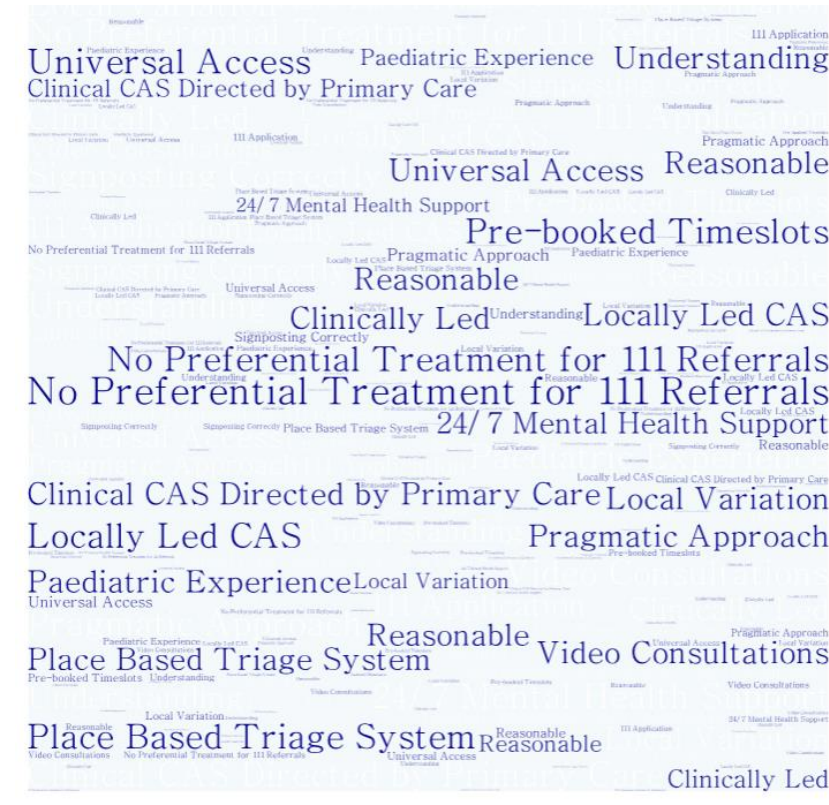
“[111 advised me to go to my GP. One way to improve the service would be] have actual clinicians to talk to / maybe a video service.”

“Waited for an ambulance for 6 hours because they did not classify my call as an emergency. Although I wasn't able to breathe from the pain.”

Bad experience with the 111 service. Was in contact with them for over 10 hours. They kept telling me that they would send a doctor. After several phone calls between us, they decided I didn't need a callout but I was in incredible pain. It turned out it was sciatica and I was out of action for several days.

”

Future recommendations on what would like to be seen in NEL future model





North East London

Current Same Day Access Services

Same Day Access Services

Across NEL there are numerous services providing same day services within the Urgent Care Network; however, the provision is not delivered the same in each borough

Service	Description	Operating Hours	NEL Team	Area or Operation
General Practice core hours	Primary Medical Services	Monday to Friday 8am to 6:30pm	ICB Primary Care	NEL
Out of hours	Out of hours Primary Medical Services	Monday to Friday 6:30pm to 8:00am Saturday and Sunday - 24 Hours a day	Primary Care/Unplanned Care	NEL
SDA GP Access Hub	Additional GP Hub Capacity	Monday to Friday 10am to 8:00pm Saturday and Sunday - 8:00am to 8:00pm	Primary Care/unplanned care	NEL
111	National non-emergency service	24 hours a day	UEC	NEL
UTCs	Urgent Treatment Centres-	12-24hrs a day dependant on UTC	UEC/unplanned care	NEL
Community Services	UCR, CTT	24 Hours		NEL
PCN Extended Access DES	National PCN Enhanced Service	Various - Outside of General Practice core hours	ICB Primary Care	NEL

Local SDA Services

City and Hackney

Highlights	
UTC	The Primary Urgent Care Centre (PUCC), a GP stream integral to Homerton ED is commissioned as part of the acute contract which renews annually.
SDA Hubs	The majority of Same Day access is provided by the Duty Doctor service. Additional weekend capacity for same day access is commissioned from Homerton via the GPOOH base service.
Enhanced Access	Weekday 6:30-8, Sat 8-5 – renews in April 24
LES	Duty Doctor part of a 7 year contract , due for renewal in the next 18 months. Hours (8am – 6pm) Mon- Fri
111	Duty Doctor accessed via GP practices and direct bookable appointments
OOHs	Base service provided by Homerton hospital, part of the Acute contract, Home Visiting element commissioned from London Central and West Unscheduled Care Collaborative.
Other	GP Confed & Office of PCNs are due to merge

Tower Hamlets

Highlights	
UTC	Part of Barts Health Acute contract – contract renews annually automatically
SDA Hubs	7 day access hubs provided by NHC federation (UTC Re-direction only)
Enhanced Access	Mix: Provided by PCNs and federation – renews in April 24
111	Directly bookable appointments into UTC 24/7 1 per hour
OOHs	1830 – 0800 , 24/7 weekend – Bookable via 111 or practices – service provided by GP Coop
Other	Currently trialling 4 new pilots

Newham

Highlights	
UTC	<ul style="list-style-type: none">Contract expiring March 24, extension 12/18 monthExtension of UTC to align with a procurement timelineFull business case to be sent to IRGPlans in place to redesign the model
SDA Hubs	7 days a week 10am-8pm– Commissioned via Federations
Enhanced Access	Renewed in April 24
111	Directly bookable appointments into UTC 24/7
OOHs	Expiring March 24 - 1830 – 0800 , 24/7 weekend – Bookable via 111 only Plans for OOH extension will work concurrently with UTC extension
Other	High number of out of area patients

Waltham Forest

Highlights	
UTC	GP Led, provided by NELFT – contract renews annually
SDA Hubs	7 day access including bank holidays (UTC Re-direction and 111 direct booking)
Enhanced Access	Mixed - Provided by PCNs and some sub contracted to the federation Aim to be commissioned by PCNs Renews in April 24
111	Directly bookable and walk-in appointments into UTC 24/7
OOHs	OOHs home visiting provided by Rapid Response, provided by NELFT, 24/7 GP Led UTC - contract renews annually
Other	Scoping piloting 1 CAS local model

Local SDA Services

Redbridge

Highlights

UTC	PELC is the contract provider, working in partnership with NELFT 4 UTCs across BHR (Queens, King George, Harold Wood, Barking)
SDA Hubs	Access hubs on evening and weekends only - 3 year contract
Enhanced Access	Commissioned by PCN's sub- contracted to federation (4 PCNs sub-contract to federation) Renews in April 24
111	Directly bookable appointments into UTC 24/7 and access hubs
OOHs	Home visiting service provided by PELC
Other	

Havering

Highlights

UTC	PELC is the contract provider, working in partnership with NELFT 4 UTCs across BHR (Queens, King George, Harold Wood, Barking)
SDA Hubs	Access hubs on evening and weekends only - 3 year contract
Enhanced Access	Commissioned by PCN's sub contracted to federation - Renews in April 24
111	Directly bookable appointments into UTC 24/7 and access hubs
OOHs	Home visiting service provided by PELC
Other	Havering General Practice support Service pilot - T&FG in place

Barking and Dagenham

Highlights

UTC	PELC is the contract provider, working in partnership with NELFT 4 UTCs across BHR (Queens, King George, Harold Wood, Barking)
SDA Hubs	Access hubs on evening and weekends only - 3 year contract
Enhanced Access	Commissioned by PCN's sub contracted to federation - Renews in April 24
111	Directly bookable appointments into UTC 24/7 and access hubs
OOHs	Home visiting service provided by PELC
Other	



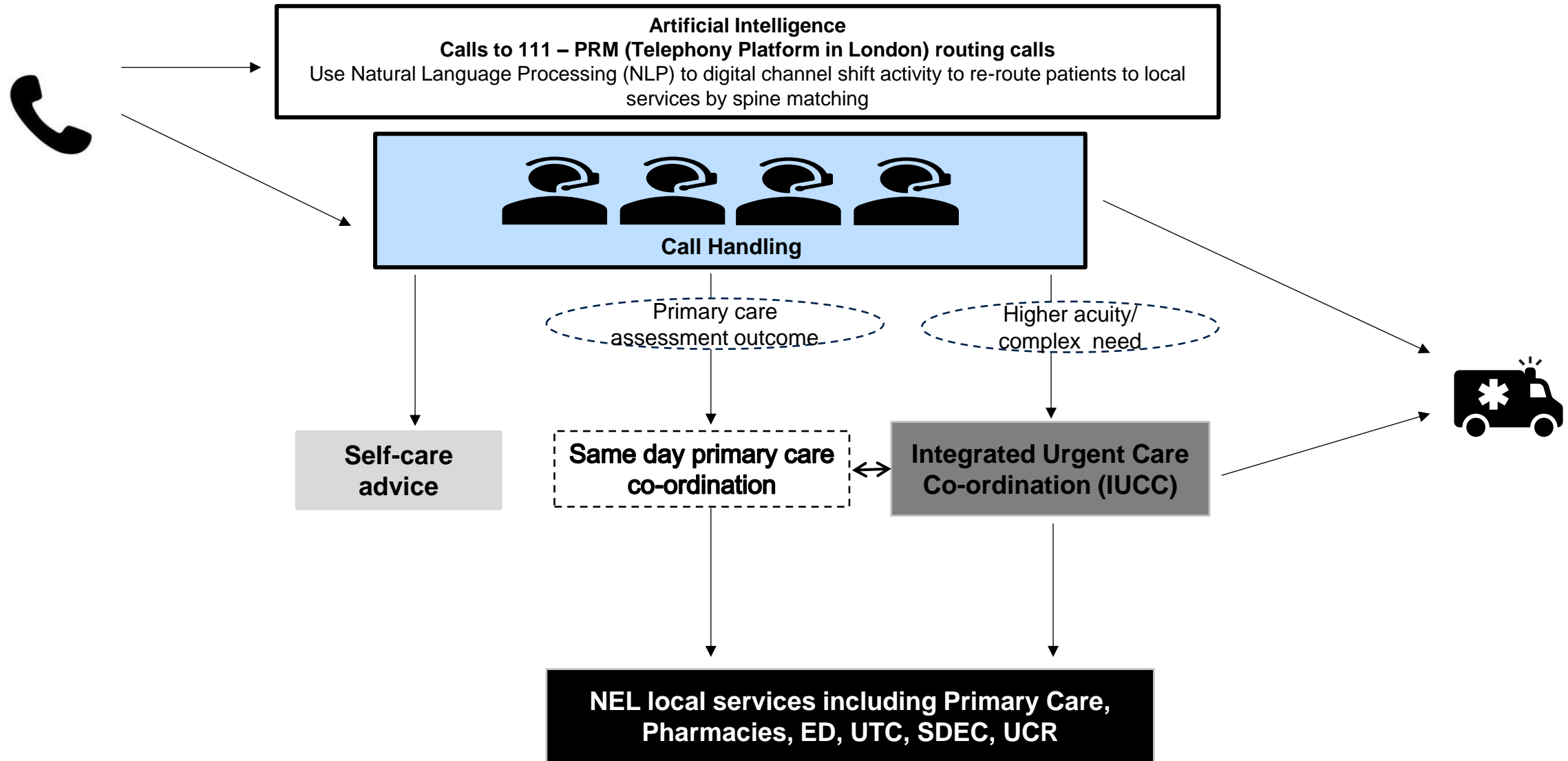
North East London

North East London Proposed 111 IUC service

NEL Primary Care Engagement at Place

Theme	Summary
Current 111 model	<ul style="list-style-type: none"> Concerns about the current 111 service, particularly the inefficiency of the NHS Pathways system. Heightened acuity assessments, inappropriate onward referral for urgent (on the day) intervention, some capacity not used Patients presenting with routine complaints booked into same day appointments
Artificial intelligence	<ul style="list-style-type: none"> Having a total AI front door could lead to resilience issues if no back up. AI triage is interesting, and it would be good to know it this is up and running and how well its performing Need to understand how many languages will be available through this modality. I.e. would English be the only language.
Quality of clinical assessment	<ul style="list-style-type: none"> Inefficiencies of the NHS Pathways system. Quality of triage not robust e.g. patients directed to UTC that could be managed in primary care the next day
Integrated IUCC Model	<ul style="list-style-type: none"> Any future integrated model needs to be more local, with the majority of places suggesting a NEL CAS or PCN CAS.
In hour/out of hours	<ul style="list-style-type: none"> Suggestions include aligning the extended access model
Data	<ul style="list-style-type: none"> No model can be really considered without accurate data surrounding activity Need data provided by hour to determine if delivery at PCN/Place/Multi-place is viable in and out of hours. Local CAS for Primary Care (inc UTC illness).
Access to downstream appointments	<ul style="list-style-type: none"> Access to GP appointments need to be more robust, flexibility on availability of appointments
Resilience	<ul style="list-style-type: none"> NEL level CAS will be needed to support national asks & to provide contingency in the event of surges/staffing issues. Concerns raised around resilience and having local CAS/s
Primary Care	<ul style="list-style-type: none"> Disappointment that there is no mention of investing directly in general practice Need to invest more into 'core offer' of primary care

NEL 111 Future Model

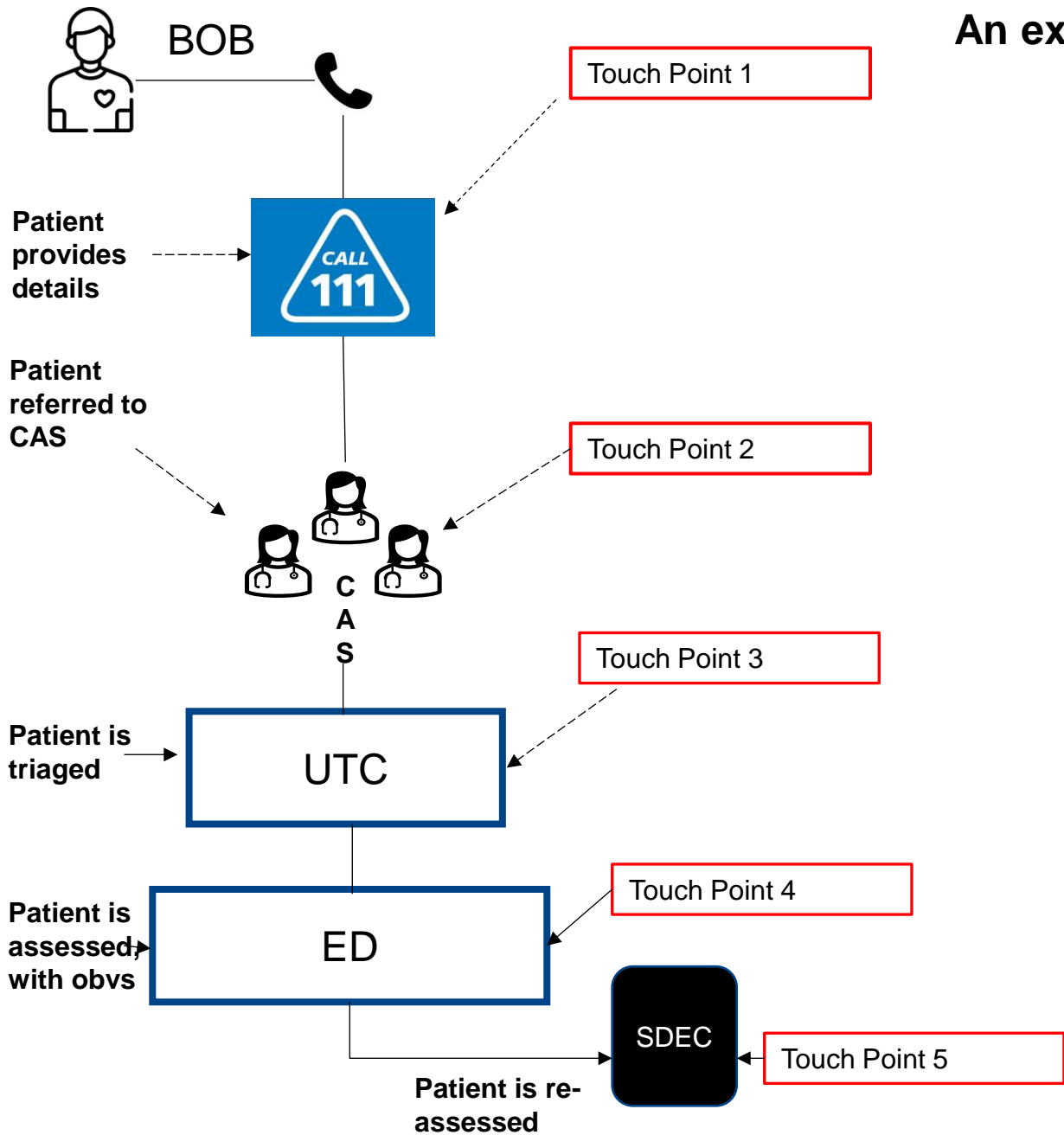


NEL 111 Future Model

Element	Same Day Primary Care Co-ordination
Purpose	<ul style="list-style-type: none">• Manage primary care minor illness 111 calls by virtual consultation, consult and complete and referral if clinically appropriate.
Hours of operation	<ul style="list-style-type: none">• 8am – 8pm 7 days per week• Out of hours (8pm – 8am), referrals will be made to OOH GP providers.
Model	<ul style="list-style-type: none">• Could be provided at PCN, Place or multi-place across NEL
Inclusions	<ul style="list-style-type: none">• To receive all primary care 111 referrals from 111 call handlers.• To manage same day access demand, by providing a clinical assessment remotely, consult and complete and book patients into clinically appropriate services.
Exclusions	<ul style="list-style-type: none">• Injuries• Out of area and GP unregistered patients (tbc)• 111 calls for self-care and advice closed by call handlers
Direct Booking/Referral	<ul style="list-style-type: none">• Uses current capacity available for 111 including:<ul style="list-style-type: none">◦ GP practice 1:3000 appointments◦ Place Access Hubs◦ PCN services◦ Urgent Treatment Centre's (UTC)◦ Pharmacy First◦ Mental Health Crisis Hubs (MH Press 2)◦ MECS (Minor Eye Consultation Service)
Interoperability	<ul style="list-style-type: none">• Ability to have access to the following:<ul style="list-style-type: none">◦ View and add to primary care record◦ Access to UTC/ED records◦ Ability to direct book via GP Connect and BaRS

NEL 111 Future Model

Element	Integrated Urgent Care Co-ordination
Purpose	<ul style="list-style-type: none">• Manage all non – primary care 111 referrals, plus out of area and GP unregistered patients (tbc).
Hours of operation	<ul style="list-style-type: none">• 24/7
Model	<ul style="list-style-type: none">• Covers North-east London
Inclusions	<ul style="list-style-type: none">• To receive all non- primary care 111 referrals for residents in North-East London plus out of area and GP unregistered patients.
Exclusions	<ul style="list-style-type: none">• Primary Care illness• 111 calls for self-care and advice closed by call handlers
Direct Booking/Referral	<ul style="list-style-type: none">• Refers and books into services alternatives to ED including:<ul style="list-style-type: none">○ Urgent Care Response (UCR)○ District Nursing○ Same Day Emergency Care (SDEC), Frailty units○ Mental Health Response Cars and Crisis Hibs (MH Press 2)○ Virtual Ward○ Urgent Treatment Centres (UTC's)○ Pharmacy First
Interoperability	<ul style="list-style-type: none">• Ability to have access to the following:<ul style="list-style-type: none">○ View and add to primary care record○ Access to UTC/ED records○ Ability to direct book via GP Connect and BaRS



An example of a Patient Pathway within the Current Model

• **Bob's Issues**

- The current model encourages multiple touch points which means Bob speaks to multiple clinicians
- Bob is repeatedly asked for his information
- Bob's data isn't available or shared between each touch point
- Bob may experience additional touchpoints as he is frail or presents with mental health symptoms

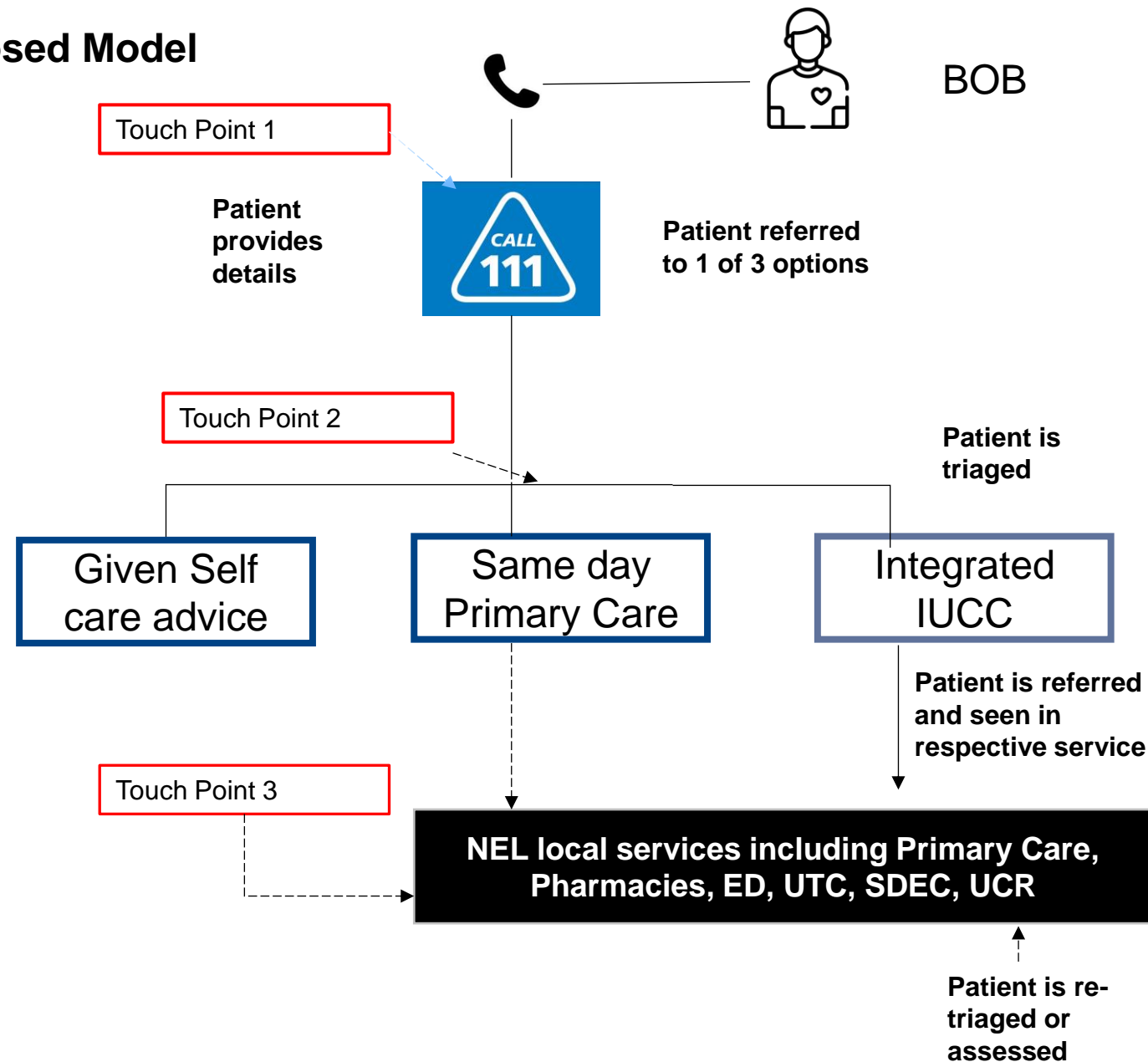
• **Model Issues**

The current model equate same day demand with same day access, this is not always required

- Reports generated by 111 are insufficient
- Doesn't promote sufficiently "right place, right person at the right time"
- Current model doesn't sufficiently link with non-same day access services

An example of a Patient Pathway within the proposed Model

- In the proposed model Bob will experience less touchpoints
- Bob will be directed to the most appropriate local service quicker
- Bob will give his information less times as his information will be shared
- The proposed model allows for management of same day demand which may not necessarily require same day access
- More detailed reports that are clinically defined will be generated
- This model does promote sufficiently “right place, right person at the right time”
- Local coordination allows for linkage with non-same day access services including future integrated neighbourhood models of care





North East London

Our Local Boroughs & Test of Change Pilots

Local Borough Snapshot

- Barking and Dagenham has the smallest population across North East London.
- 65% of the population are aged between 16-24.
- Life expectancy is significantly below London and England averages.
- At the age of 65, the healthy life expectancy for borough males is 8.4 years, compared to 9.2 years for females.

- Havering has the oldest population in NEL.
- Havering has an ethnicity profile closest to the England average with 75% of the population being of white ethnic group.
- Life expectancy at birth in Havering is 78.1 years for men and 82.5 years for women.

- Redbridge has become increasingly diverse over the last decade.
- Redbridge is one of the most diverse boroughs in London, with the Asian ethnic group making up 47% of the total Redbridge population.
- Life expectancy in Redbridge is 78.7 years for men and 83.3 years for women

- City & Hackney have a large proportion of people aged between 25–34-year-olds.
- In Hackney, life expectancy in males is 78.7 and 82.8 in females.
- In the City it is 86.1 in males and 89.0 in females.

- Tower Hamlets has a comparatively young and growing population. the population is highly diverse and transient.
- The largest ethnic groups in Tower Hamlets are White British at 31% and Bangladeshi at 32%.
- Life expectancy in Tower Hamlets is 79.3 years for men and 84.5 years for women

- Newham has the largest population across North East London.
- Newham has one of the youngest populations in England, with a median age of 32.3 years compared to 35.6 years in London.
- Newham is the most ethnically diverse of NEL places and one of the most diverse in England,

- Waltham Forest has a high proportion of 0–4 year-olds than London and England on average, and a higher proportion of residents aged 35 to 49 years.
- The healthy life expectancy for females in Waltham Forest is 68 years, which is 4.8 years longer than for men.



**Total
Population
2,05m**



**261
GP Practices**



**365
Pharmacies**

Overview of Clinic Utilisation – Tower Hamlets PCN 2 & 9

The pilot involves implementing a worklist approach for 111 referrals for patients registered at the GP practices located in PCN's 2 and 9 within Tower Hamlets.

There are 4 broad aims of the pilot which are:

- 100% redirection of 111 calls with primary care disposition to primary care
- Improve utilisation of 111 practice slots
- Overflow capacity for the PCN practices with improved utilization
- Provide overflow capacity for UTC

Opening Times

SDA clinics operate during extended hours:
8:00 AM to 8:00 PM, Monday to Friday

Coordination

Two daily meetings:
Debrief for service leads
Handover for care coordinators

Locations

Two Sites:
The Spitalfields Practice and The Cable Street Surgery

Pathways

Integrates 111 service bookings and allows practice bookings into SDA and SDA team to book into practice 111 slots.

Staffing

Service Delivery Team:
Clinical Leads, 12 GPs, 2 Care Coordinators, Service Managers, Administrative Staff.

Collaborations

Two PCNs, nine practices, collaborating with the 111 team and community services, supported by the ICB.

Overview of Clinic Utilisation – Tower Hamlets

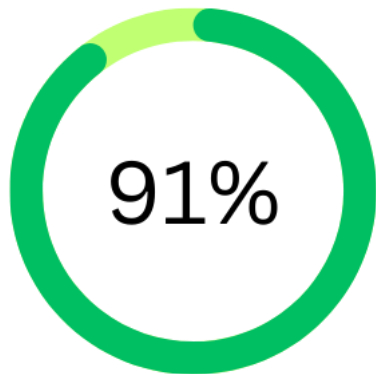
The data below show the total number of slots utilised in the Same Day Access (SDA) clinics from 23rd July to 6th September 2024. The SDA slots are directly used for patient consultations.

The pilot involves implementing a worklist approach for 111 referrals for patients registered at the GP practices located in PCN's 2 and 9 within Tower Hamlets.

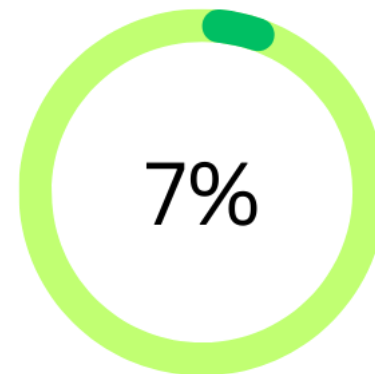
The aim of the pilot is to increase the number of referrals to GP practices and reduce referrals to UTC's.

SDA Clinic Slot Utilisation

- 38 Slots available Daily
- 1263 Offered over 7 weeks
- 1135 Made available for patients
- 30 Average appointments booked daily
- 1033 booked over 7 weeks
- 2.8 Average DNA's per day
- Low re attendance rate 8% vs 40%



91% Slots utilised for patient appointments
Over 7 weeks



7% DNA Rate
over 7 weeks

The overall utilisation rate is over 91%, but under-utilisation after the Bank Holiday has skewed the data.

111 Worklist & SDA Triage

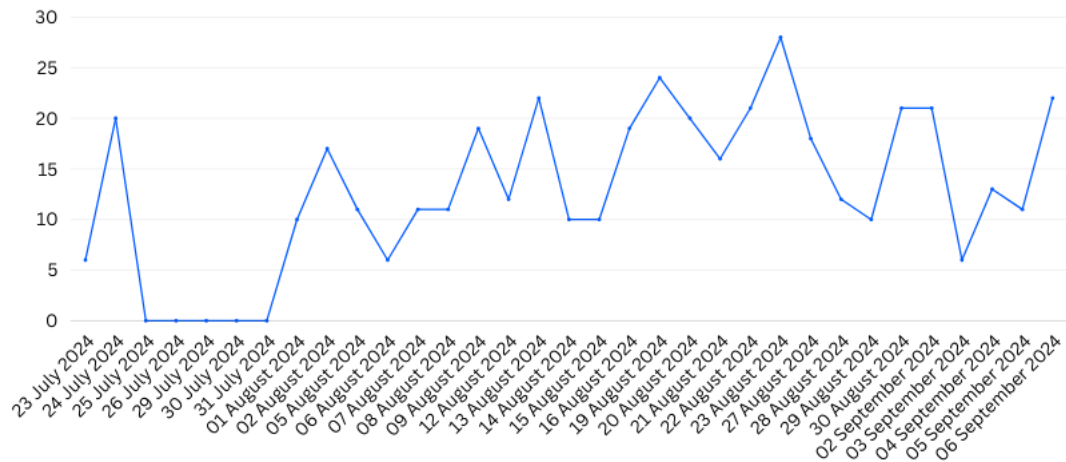
These figures illustrate the total number of slots utilized in the Same Day Access (SDA) clinics from 23rd July to 06th September 2024.

Triage slots were allocated for GPs to assess the 111 worklist, with patients either booked into practice 111 slots or referred to alternative community services after assessment.

SDA Triage Clinic Slots

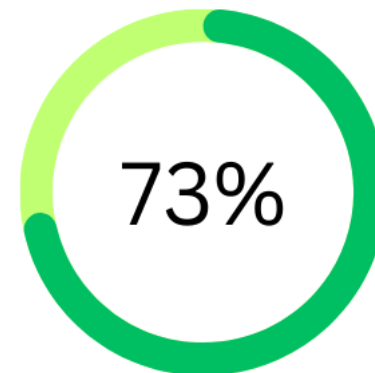
- 36 Triage Slots available Daily
- 1005 offered over 7 weeks
- 427 Patients Assessed by SDA GPs

SDA Triage Clinic Utilisation Timeline



Practice 111 Slots

- 36 slots should be made available daily
- 852 Practice 111 Slots available during SDA Pilot
- 587 practice 111 slots utilized
- **630 111 primary care dispositions (94% vs 30%)**



73% of practice 111 slots
utilised



North East London

Call Handling

Call Management in London

- All 111 calls originating in London are routed to their local service via the **London call handling platform**, known as the **Patient Relationship Manager (PRM)**.
- The PRM uses a combination of **Interactive Voice Recognition (IVR)** and **Natural Language Processing (NLP)** to redirect suitable patients to digital pathways.
- The PRM allows for **text messages** to be sent to patients with confirmation of booked appointments and worsening instructions.
- The PRM receives **anonymous Post Event Messages** from 111 providers, which **feed into a data warehouse**. This data can be shared with commissioners to provide useful information on patient journeys.

London 111 Telephony Platform



All callers are asked to state the reason for their call. This is where NLP is used.



All callers are asked to enter their age on the keypad. All calls relating to under 5- year-olds or other 80- year-olds are routed straight to a 111-call handler.



If the telephony platform identifies the phone number as having contacted 111 within the last 72 hours, the caller will be asked to confirm that they are a repeat caller and whether they are worsening, before being routed to a 111 call handler.



Any callers (excluding under5s, over 80s and repeat callers) with a keyword match for:

- Dental
- Repeat Medication / Emergency Medication
- Sexual Health (and over 15- years-old)

Are given the option of being redirected to online services.



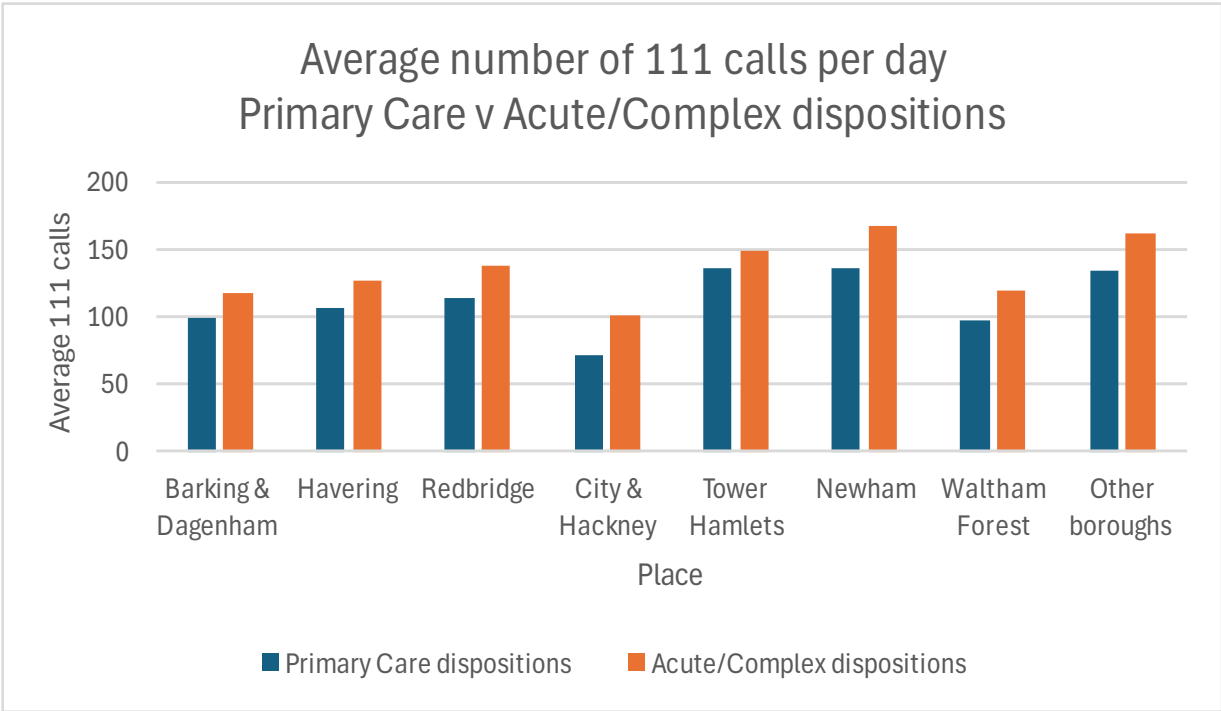
All other callers are routed to a 111-call handler.

- London Integrated Care Boards (ICBs) are using **Natural Language Processing (NLP)** to handle callers to 111. Now, its use is limited to a small number of pathways for example:
 - Dental
 - Expected Death
 - Repeat medication
 - Emergency medication
 - Sexual health issues
 - Skin rash (currently not available in NEL)
- This allows ICBs **to redirect different conditions** to different pathways away from 111 or to manage callers differently.
- Since NLP was introduced in London in December 2023, on average **3,800 calls per month have been successfully digitally channel** shifted across North East London.

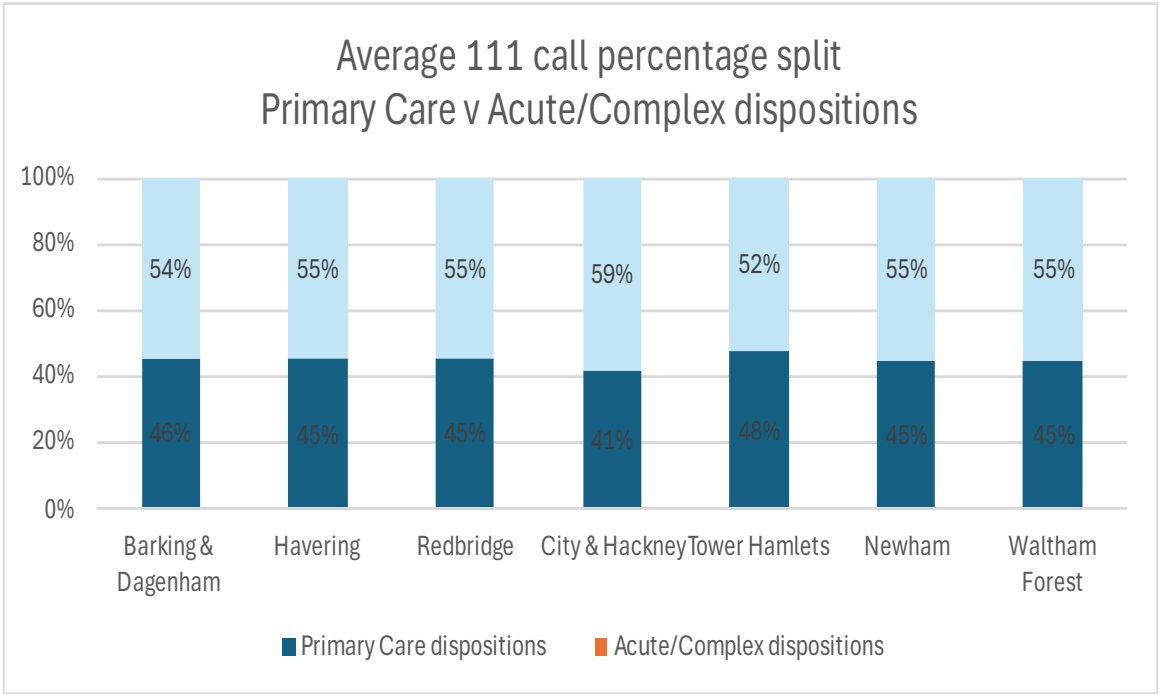
North East London average 111 calls per day

- The following data shows the average number of calls and percentage split per day per North East London place and other boroughs.
- Data source is the Patient Relationship Manager (PRM).

Average number of 111 calls per day
Primary Care v Acute/Complex dispositions



Average 111 call percentage split
Primary Care v Acute/Complex dispositions





North East London

Digitalised service and requirements

National policy sets clear direction on UEC

Achieving digital transformation of the health and social care sector is a top priority for DHSC and NHSE.



Improve the responsiveness of UEC services through interoperability and workflow agility in increasingly interconnected services. E.g. BaRS



Real time information management to provide insight on the opportunities for higher-quality and more efficient care across the system, with a focus on primary care and UEC. For example, interactive dashboards enable commissioners and providers to better understand their patients' journeys from initial triage to health outcome



Better integration between UEC and primary care, investing in clinical decision support and the directory of services, including the use of machine learning to enable consistent safe and scalable triage and care navigation



Digitally-supported diagnoses – new diagnostics capacity is being developed to enable image-sharing and clinical decision support based on artificial intelligence (AI). These technologies support testing at or close to home, streamlining of pathways, triaging of waiting lists, faster diagnoses and levelling up under-served areas

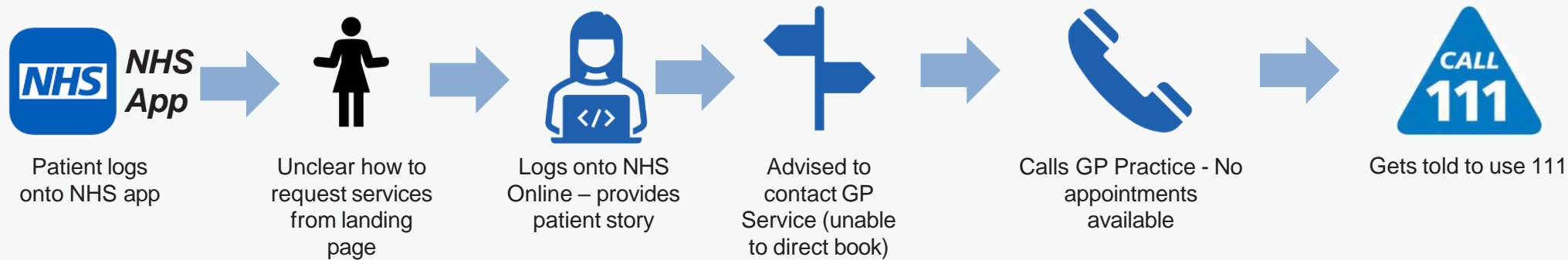


NHS app app is an assistant in your pocket, part of your digital front door

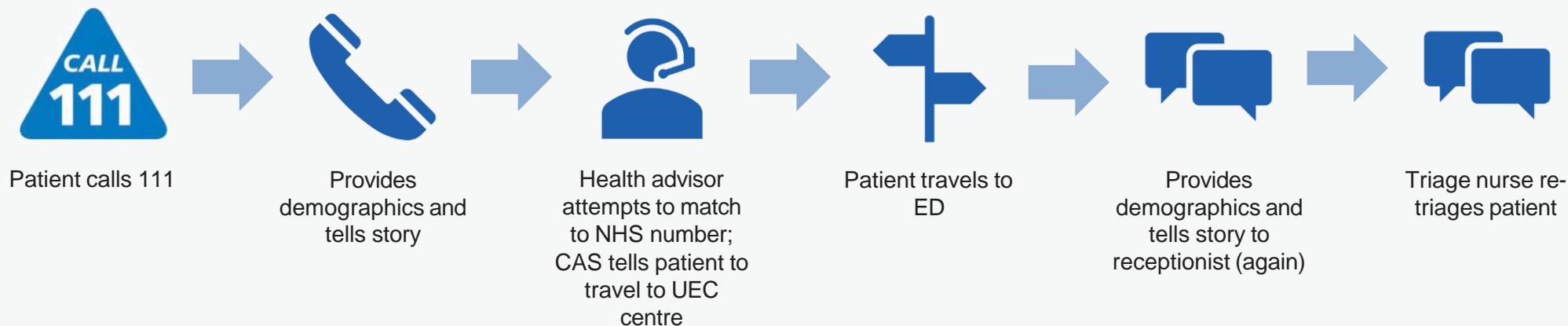
Current digital services limit productivity

The current digital landscape can result in patients being pushed between services and forced to tell their story repeatedly

Patient struggles to use NHS App and then is bounced between Primary Care and 111



Patient tells story repeatedly to 111 and then ED



ICS Wide Principles

As an ICS there is an expectation provider to embrace emerging technologies such as Artificial Intelligence.

Organisations must take account of the needs of those residents with low digital literacy or poor access when;

- Procuring new systems
- Encouraging take-up of existing systems
- Digitising existing pathways or processes

Each organisation and place has its own priority groups to focus on, which will have different needs, and its own internal policies which need to be followed. An ICS Inclusion policy is under development.

Organisations and places are expected to reach out across the ICS to understand work already undertaken which they can build upon;



North East London

North East London 111 Procurement Timelines

NEL 111 Procurement Timelines

The following timeline is based on the 111 contract running to 31st July 2026





North East London

Next steps

Next steps

- Feedback will be gathered from both events held to date, if there is insufficient input and engagement a third event will be held (bidders will be notified in due course should this occur)
- Information gathered from each event will be used to finalise the service specification
- The market engagement questionnaire is still available for participation, this will provide additional support to us in transforming 111 for the future. We appreciate your time in completing this survey.
<https://www.contractsfinder.service.gov.uk/Notice/Attachment/f5495960-0095-4fb6-b3cb-e0f3e7acd23a>
- When the procurement goes live, Providers must submit questions via the project page on Atamis, which will be made clear and accessible in the advert.
- The presentation slides from both events will be uploaded onto the contracts finder advert.
- In the meantime, questions can be submitted directly to our procurement lead: kieran.james-paterson@nhs.net

Thank you for your time today