



# South East London 111 Service Market Engagement Event

11<sup>th</sup> June 2024



### Housekeeping













SEL 111 IUC Team:

- Kerry Lipsitz, Director of Urgent and Emergency Care, SEL ICB
- Dr Robert Davidson, Clinical Lead for Integrated Urgent and Emergency Care, SEL ICB
- Claire Goodey, Commissioning Manager for 111 and 999, SEL ICB







### Morning session:

- To share with you our plans for the procurement of a new 111 service for South East London.
- To receive your feedback on the service design and timelines.
- To hear any concerns that you have and your ideas for how these might be mitigated.

### **Afternoon session:**

• To receive your input into the design of a local model of Clinical Assessment Service delivery.





### Agenda

Item	Lead	Time
Welcome and introductions, housekeeping, purpose, agenda for the morning session	Kerry Lipsitz	10:30
Setting the scene, strategic landscape, SEL approach	SEL 111 IUC Team	10:40
Gather your feedback on the call handling element of the model	Facilitators	11:10
Close the morning session	Kerry Lipsitz	12:25
Lunch	All	12:30-14:00
Local CAS delivery overview	Borough Leads	14:00
Gather your feedback on the local CAS delivery element of the model <ul> <li>Tea break</li> </ul>	Facilitators	14:30 15:00
Q&A	SEL 111 IUC Team and Borough Leads	15:10
Closing / next steps	Kerry Lipsitz	15:55



## **Setting the Scene**



- South East London (SEL) consists of the six London boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with a total population of almost 2 million.
- The four inner London SEL boroughs are within the 20% most deprived in England. Twelve
  of our neighbourhoods are in the most deprived 10% of all areas in England. Our boroughs have
  a very diverse population; for example, 60% of people in Lambeth are from a Black and minority
  ethnic background. Meanwhile, Bromley is our most rural borough in which 18% of people are
  65-years-old and older.
- Our 111 Integrated Urgent Care (111 IUC) Service has been in place since 2019 and the contract is due to end in March 2026.
  - The service currently **integrates via direct booking functionality** with GP practices, GP enhanced access hubs, GP Out of Hours services, Urgent Treatment Centers and has referral pathways into **over 2,500 SEL services listed on the Directory of Services**.
  - The SEL 111 IUC service also **integrates with 111 online** (receiving cases directly from 111 online into the Clinical Assessment Service) **and the 999 service** (with the ability to both dispatch ambulances and receive cases from the 999 service).



### Current 111 Model 24/7









# **The Current SEL 111 Service**

- Includes 111 call handling and a Clinical Assessment Service (CAS).
- The CAS is staffed with GPs, Advanced Care Practitioners, nurses and paramedics.
- CAS remit includes:
  - Supporting call handlers
  - Complex calls
  - All 'speak to a clinician from this service' dispositions
  - Category 3 and 4 ambulance disposition validation
  - Emergency Treatment Centre disposition validation
  - Urgent primary care dispositions that call handlers have not been able to book into GP practices / GP hubs / GPOOH
  - Pathology laboratory results
  - Advice for Healthcare Professionals e.g. paramedics, care homes.





- 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 is forecast to handle c. 3.3 million calls in 2024/25.
- The PRM uses a combination of Interactive Voice Recognition (IVR) and Natural Language Processing (NLP) to redirect suitable patients to digital pathways, while allowing calls regarding under-5s and over-80-year-olds to be routed straight to a call handler.
- It **identifies repeat callers** and ensures these are routed back to the service that handled the first call.
- 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 Integrated Care Boards (ICBs) are using Natural Language Processing (NLP) to handle callers to 111. At the moment, it's use is limited to a small number of pathways e.g.:
  - Dental
  - Expected Death
  - Repeat medication
  - Emergency medication
  - Sexual health issues
  - Skin rash
- This allows ICBs to redirect different conditions to different pathways away from 111 or to manage callers differently.
- ICBs are currently **integrating NLP with Artificial Intelligence (AI)** to identify why callers are using the 111 service, to understand other pathways that can be developed.



When you call 111, your phone call is connected to the national 111 telephony platform. You will be asked to press 9 to continue. You will be asked to say the name of your borough or nearest tube/train station, to find out where in the country you are.

You will be asked to: **Press 1** for physical health **Press 2** for mental health **Press 3** if you're a healthcare professional Mental Health calls are routed to your local mental health hub. All other London calls are routed to the London 111 PRM telephony platform.



## **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 5year-olds or other 80year-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 under 5s, over 80s and repeat callers) with a keyword match for:

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

Are given the option of being redirected to online services.

Callers with a keyword match for skin/rash are sent a text link to a tool provided by Visiba to capture relevant information (including photos) and send this into the 111 **Clinical Assessment** Service for a call back from a clinician (currently only available in NCL and NWL)

All other callers are routed to a 111 call handler.



## **Strategic Landscape**



The strategic landscape has changed since our last procurement with the introduction of:

- Fuller Stocktake Report,
- Delivery Plan for Recovering Access to General Practice,
- Delivery Plan for Recovering Urgent and Emergency Care,

The Fuller report describes the creation of integrated neighbourhood teams and says "we need to create the conditions by which they can connect up the wider urgent care system, supporting them to take currently separate and siloed services – for example, general practice in-hours and extended hours, urgent treatment centres, out-of-hours, urgent community response services, home visiting, community pharmacy, 111 call handling, 111 clinical assessment – and organise them as **a single integrated urgent care pathway in the community** that is reliable, streamlined and easier for patients to navigate."











- The ICS is looking at a 'phased' approach to transforming integrated urgent care to align different programmes of work across SEL.
- This will allow local borough systems to continue to:
  - Implement the national asks, including the Fuller Stocktake recommendations, Urgent and Emergency Care and Primary Care recovery plans,
  - Improve understanding of same day access and who/where this might be best placed to be managed in a long-term sustainable model,
  - Consider how in hours and out of hours models can be better aligned,
  - Understand how local models can be better integrated with 111 in the long term, considering how patient behaviour and new digital solutions might change how patients interact with services, and
  - Better align local services so they are financially viable.
- It is anticipated that this will take a number of years for SEL to fully integrate so that care is seamless for patients and delivered closer to home.



# Phase 1



The initial phase will separate out the 111 telephony service from the 'traditional' Clinical Assessment Service (CAS).

### **Call Handling:**

- The model would have a 111 call handling service that covers all 6 boroughs 24/7, 365 days a year.
- The service will employ a small number of Clinical Advisors to support call handlers with complex calls.
- The service would work closely with local Integrated Delivery Units (IDUs), who will take on the remit of the former CAS, amongst other things.
- The new service will be required to improve upon current outcomes and patient experience.

### **IDUs:**

- The IDUs will take on the previous 111 Clinical Assessment Service (CAS) functions. This includes triaging same day care outcomes, revalidating Category 3 and 4 ambulances, revalidating Emergency Department outcomes, urgent Primary Care outcomes and other NHS 111 outcomes.
- It is anticipated that there will be 5 IDUs, with Lambeth and Southwark working together to manage their residents across the two boroughs (but this might change), while the other boroughs plan to manage their own residents.
- The afternoon session will focus on the IDU part of the model in further detail.



### Proposed 111 Model 24/7











**Procurement Timeline** 

#### 18





- It's anticipated that the IDUs will be procured separately to the 111 call handling service; or may be added to existing services already in place at the borough level.
- Regardless, the 111 call handling and IDU procurement timelines will be aligned, and these services will be jointly mobilised.
- For Phase 1, a short-term contract (2+1 or 3+1) will most likely be used to allow for changes to the model by SEL to align with future developments around integrated urgent care at the borough level.
  - This contract will be a stepping stone to our future end model which brings together integrated urgent care in SEL.







- 1. Strengths of current design
- 2. Weaknesses of current design
- 3. Suggested changes to the current model
- 4. What information do you still need to know about the model?
- 5. Is the current design attractive to bidders?







- A further session will be held this afternoon to receive your input into the design of a local Integrated Delivery Unit models.
- Lunch break
- Next session starts at 2pm

# Lunch Options







- Erica Bond, UEC Programme Lead, SEL ICB Bexley & Greenwich
- Jodie Adkin, Associate Director of Urgent Care & Discharge, SEL ICB Bromley
- Amanda Lloyd, Assistant Director, Urgent & Emergency Care and Service Development, SEL ICB – Lewisham
- Avril Satchwell, Associate Director Planned and Urgent Care, SEL ICB Lambeth & Southwark
- Rebecca King, IDU Programme Manager, SEL ICB
- Graham Tanner, Associate Director Primary & Community Care Bexley
- Cheryl Rehal, Associate Director of Primary and Community Care Bromley







- To understand market capability and opportunity for patients who require same day clinical input (as directed by the call handling triage process).
- To receive your suggestions and feedback on the proposed options and timelines.







Item	Lead	Time
Welcome and Introductions, Purpose, and Agenda	Kerry Lipsitz	5 mins
Our local boroughs	Jodie Adkin	10 mins
The local offer	Erica Bond	10 mins
Discussion groups	Facilitators	30 mins
Open Q&A forum	SEL Urgent & Emergency Care Leads	45 mins
Next steps and close	Kerry Lipsitz	5 mins



# **Our local boroughs**

Jodie Adkin, Associate Director of Urgent Care & Discharge, SEL ICB – Bromley

# **Bexley**





- 16% of the population are aged 65 or over
- 16.3% of children living in Bexley, live in low-income families
- Life expectancy is 7.9 years lower for men and 6.7 years lower for women in the most deprived areas of Bexley, compared with the least deprived areas

Urgent Treatment Centres (UTC) are located at both Queen Mary's Hospital and Erith and District Hospital Bexley's 22 GP Practices have formed 4 Primary Care Networks (PCNs) 111 activity is generally higher in Bexley in-hours on weekdays, increasing again slightly at weekends



247,444

Population

#### Local context:

- The absence of an acute hospital within the borough means that residents travel further for their acute care
- Ageing population in the south of the borough compared with a younger, ethnically diverse and deprived population in the north
- High levels of obesity for both adults and children
- Up to half of Bexley's over-65 population is affected by frailty



**46** Pharmacies

## **Bromley**





#### • 18% of the population are aged 65 or over

- 13.2% of children living in Bromley, live in low-income families
- Life expectancy is 8.1 years lower for men and 6.1 years lower for women in the most deprived areas of Bromley, compared with the least deprived areas

**M** 

**330,730** Population

Urgent Treatment Centres (UTC) are located at Princess Royal University Hospital and Beckenham Beacon Bromley's 42 GP Practices have formed 8 Primary Care Networks (PCNs) 111 activity is higher in Bromley from 8am-10pm weekdays, increasing again slightly at weekends



#### Local context:

- Significant and increasingly elderly population
- Large care home population
- Largest London Borough
- Index of multiple deprivation shows Bromley's east and northwest has wards in the most deprived 10% and 20% nationally, equally Bromley's central belt and far southwest have wards in the least deprived 10% and 20% nationally



58

**Pharmacies** 

### Greenwich





- Greenwich is ranked among the 15% most deprived local authority areas in the country
- 21.8% of children in Greenwich live in low-income families
- 38% of people in Greenwich are from a Black and minority ethnic background



287,753 Population

Urgent Treatment Centre (UTC) is located at Queen Elizabeth Hospital Greenwich's 29 GP Practices have formed 7 Primary Care Networks (PCNs) 111 activity is higher in Greenwich from 8am-10pm weekdays, increasing again slightly at weekends



#### Local context:

- Local hospital has not increased in size to accommodate the increase in population
- Life expectancy in men is below the London and National average
- High number of residents experiencing mental health issues
- High number of smokers



63

Pharmacies

### Lambeth





- Lambeth is ranked among the 15% most deprived local authorities in the country
- Lambeth has the second largest lesbian, gay, and bisexual communities in the country
- 60% of people in Lambeth are from a Black and minority ethnic background

Urgent Treatment Centre (UTC) is located at St Thomas' Hospital Lambeth's 41 GP Practices have formed 9 Primary Care Networks (PCNs)

111 activity is higher in Lambeth from 8am-11pm weekdays, increasing again slightly at weekends



327,897

Population

#### Local context:

- Separate GP out of hours provider
- Shared services with Southwark: acute, community, virtual wards, mental health
- Large homeless population
- Large out of area/ tourist activity





### Lewisham





- Lewisham is ranked among the 15% most deprived local authorities in the country
- 22.6% of children living in Lewisham, live in low-income families
- 47% of people in Lewisham are from a Black and minority ethnic background



**330,730** Population

Urgent Care Centre (UCC) is located at University Hospital Lewisham Lewisham's 27 GP Practices have formed 6 Primary Care Networks (PCNs)

111 activity is higher in Lewisham from 8am-11pm weekdays, increasing again slightly at weekends



#### Local context:

- Disproportionately high hospital attendances for Type 3 (minor illness, injury)
- ED estates transformation programme underway likely to cause disruption
- Local stakeholders concern at likely duplication of same day service use
- Relatively younger population, with most uptake of services by working age adults
- Separate GP out of hours provider





### Southwark





- Southwark is ranked among the 15% most deprived local authorities in the country
- Southwark has the third largest lesbian, gay, and bisexual communities in the country
- 46% of people in Southwark are from a Black and minority ethnic background

Urgent Treatment Centres (UTC) are located at Guy's Hospital and King's College Hospital Denmark Hill

Southwark's 35 GP Practices have formed 2 Primary Care Networks (PCNs) 111 activity is higher in Southwark from 8am-11pm weekdays, increasing again slightly at weekends



319,610

Population

#### Local context:

- Separate GP out of hours provider
- Shared services with Lambeth: acute, community, virtual wards, mental health
- Large homeless population
- Large out of area activity







# The local offer

Erica Bond, UEC Programme Lead, SEL ICB - Bexley & Greenwich



### Proposed 111 Model 24/7





## The local offer: points for discussion



Model	Model Overview		
Gold	<b>24/7 model</b> Local service to handle activity remaining after 111 call handler completion of NHS Pathways Modules 0 and 1 (minus referrals to: Dental, District Nursing, Eye Casualty, Health Visitor, Mental Health, Midwifery, Optician, Palliative Care, Pharmacy, Sexual Health, Sexual Assault Referral Centres) - No direct booking into primary care.		
	Out of Hours model As per Gold 24/7 model, but separately funded for out of hours only, with activity in hours absorbed by primary care as part of local transformation.		
Bronze	<b>24/7 model</b> Local service to handle activity remaining as above, but additionally allowing 111 call handlers to directly book into primary care in and out of hours, including GP hubs and signposting to primary care, plus booking into UTCs/ED for injuries. In essence the Bronze model would see IDUs delivering the current remit of the SEL 111 IUC CAS with the addition of providing parity for 111 online users.		
	Out of Hours model As per Bronze 24/7 model, but separately funded for out of hours only, with activity in hours absorbed by primary care as part of local transformation.		
New SEL-wide offer	Overarching SEL-wide clinical assessment offer with local delivery at place.		
Others to be defined	TBC – may be born out of the Market Engagement Event.		

### Summary of expected demand



Local offer demand per borough	Gold model	Bronze model
Average weekly in hours activity	631 calls	427 calls
Average weekly out of hours activity	1004 calls	758 calls
Total average weekly activity	1635 calls	1185 calls
Range in calls per hour	2 – 24 calls per hour	1 – 18 calls per hour
Busiest period	Saturday 9am-11am	




#### South East London

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#### **Greenwich (Bronze)** Time Band **Time Band** Saturda Monday Tuesday Wednesday Thursday Friday y End Sunday Start 01:00 00:00 01:00 02:00 03:00 02:00 03:00 04:00 04:00 05:00 05:00 06:00 07:00 06:00 07:00 08:00 09:00 08:00 09:00 10:00 10:00 11:00 11:00 12:00 12:00 13:00 13:00 14:00 14:00 15:00 15:00 16:00 16:00 17:00 17:00 18:00 18:00 19:00 19:00 20:00 20:00 21:00 21:00 22:00 22:00 23:00 00:00 23:00





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- In hours: Monday Friday, 08.00 18.30
- Out of hours: Monday Friday, 18.30 08.00
- Weekends and bank holidays, 08.00 08.00
- 24/7, 365 days
- Are there any other timeframes that could be considered?
- Activity absorbed by existing service provision
- New procurement
- Combinations of the above

#### Are there any other options?



# **Discussion groups**



## **Discussion topics**



During the next 30 minutes, please answer the following questions using the flipcharts provided:

- 1. How would you deliver a localised offer?
- 2. What are the opportunities, concerns or limitations to delivering a localised offer?
- 3. How do you see this integrating with primary care, acute, and community services?



# **Open Q&A forum**









- Feedback heard today will be used to refine the service specifications and timelines.
- We anticipate that we will hold further market engagement events as the model develops.
- 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. In the meantime, questions can be submitted directly to our procurement lead: <a href="mailto:kieran.james-paterson@nhs.net">kieran.james-paterson@nhs.net</a>.

## Thank you for your time today!



## **Session close**

