WIRRAL

Adult Social Care and Health Committee
18th January, 2021

REPORT TITLE:	Think 111 First
REPORT OF:	Adult Social Care and Health Committee

REPORT SUMMARY
This report provides the Committee with a summary of the implementation to date of "Think 111 First" in Wirral and an overview of the anticipated next steps.

RECOMMENDATION/S

The Adult Social Care and Health Committee is requested to;

1. Note the contents of this report
2. Support the implementation of phase two

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1.1 In the first ten days since Go Live:

1.1.1.1 70% of all urgent referrals into the Clinical Advisory Service (CAS) have been managed without referring people to the Emergency Department (ED).

1.1.1.2 People who have needed to go to the Emergency Department have, on average, a 45 minute shorter waiting time compared to people who did not use 111 First.

1.1.1.3 The number of unheralded (unexpected) people arriving in the Emergency Department has reduced by 9%.

2.0 OTHER OPTIONS CONSIDERED

2.1 Phase one of the "111 First" project was nationally mandated

2.2 Phase two aims to:

2.2.1 Review and sustain the changes implemented during phase one

2.2.2 Encourage up to 40% of all urgent (but not life threatening) care cases to use the "111 First" pathway

2.2.3 Make additional services available on the 111 First Pathway, such as Primary Care Services, Mental Health Services and Same Day Emergency Care (SDEC) services

2.2.4 Other options for services will be considered during a detailed data analysis and modelling exercise

3.0 BACKGROUND INFORMATION

3.1 Think 111 First was a nationally mandated project which offered an opportunity to transform the way that patients access urgent and emergency care by offering a single point of access, standardised assessment, clinical validation and onward direct referral to ED or other alternative services.

3.2 Wirral's implementation of the national project was managed by the Healthy Wirral Programme Development Unit (PDU), strategically led by the Chief Officer of the CCG and the Chief Operating Officer of Wirral Community Trust and had direct input from a wide variety of multi-disciplinary stakeholders from across the Healthy Wirral System.

3.3 The project was successfully delivered to original plans for time, quality and scope.

3.4 Benefits realisation is expected post-project and a robust evaluation and monitoring strategy has been developed to support this.

3.5 The anticipated benefits are:

3.5.1 To reduce the risk of nosocomial infection due to overcrowding in ED

3.5.2 To increase the number of patients who get to the right service, first time

3.5.3 To increase staff and patient satisfaction with the 111 First service

4.0   FINANCIAL IMPLICATIONS

4.1   A finance summary has been prepared by the deputy director of finance from Wirral Community Trust.

4.2   Costs for 2020/21 amount to £193,284. The majority of costs have been met by national funds. A shortfall of £35,251 has been identified and has been met within the Wirral Healthcare system from COVID contingency funding

4.3   Costs for 22/23 have been identified at £170,937. No additional funding has been provided for local systems after the first six months. This will create a cost pressure for both the Acute and Community Trust

5.0   LEGAL IMPLICATIONS

5.1   N/A

6.0   RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1   An additional Advanced Nurse Practitioner (ANP) has been recruited to the CAS

6.2   Additional reception cover has been funded for the Emergency Department. Recruitment is in progress

6.3   The Emergency Department has purchased a module of TPP's SystmOne to received electronic referrals from the 111 Service and from the CAS. The reception team have been trained on the use of the system and adoption is progressing well.

7.0   RELEVANT RISKS

7.1   Risk that patients will choose to contact "111 First" but their calls will take a long time to answer or go unanswered. Management plan is as follows:

7.1.1   The project team includes representatives from NWAS and NHSE so that this risk can be closely monitored and scrutinised.

7.1.2   The 111 service has recruited and trained additional staff to cope with the expected demand. Unfortunately, the service subsequently suffered high absence levels due to COVID in October 2020

7.1.3   Data from October showed a decline in the number of calls answered within 60 seconds, down to 24% from 83.2% in July, against a 95% target

7.1.4   Additional temporary staff and national contingencies have been deployed

7.1.5   Latest data (covering the week to 6th November) shows a steady day on day increase and a weekly total of 76% of calls answered within 60 seconds

7.1.6   The risk is being closely monitored by local project teams, NWAS and NHSE

8.0   ENGAGEMENT/CONSULTATION

8.1   NHSE/I are co-ordinating a national press campaign, which started on 4th December and will continue throughout the winter.

8.2   The key message is: "if you have an urgent (but not life threatening) condition, please consider contacting 111 before going to the emergency department"

8.3   A local communications campaign has been created, which is aligned to the national campaign.

8.4   Health Watch Wirral have been a key member of the communications and engagement team and have helped to develop a public engagement strategy that will reach all members of our community

8.2   Staff engagement has also been crucial and clinical and operational leads from all of the relevant service providers have been members of the service design team

9.0   EQUALITY IMPLICATIONS

9.1   A detailed equality impact assessment has been completed by clinical leads from across the system, led by the Deputy Director of Nursing from Wirral Community Trust

9.2   Risks including access and language barriers have been identified and mitigated against

10.0   ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1   N/A

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APPENDICES

Appendix 1 –

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date