



NHS 111

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 practice; and 111.

The introduction of the new NHS 111 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 began work in 2008 to look at introducing a single number to access NHS urgent healthcare services. This work 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.

It 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.

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, launched the NHS 111 service in the first area of the country in August 2010, in County Durham and Darlington. The NHS 111 service was launched in another three areas in 2010 and in a further three new areas in 2011. In June 2012 NHS 111 received it's 1 millionth call.

The roll out of NHS 111 in new areas has continued in 2012 and currently 16% of the population has access to the new service. It will be live across all of England by October 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 a nurse, without the need for a call back. Only in exceptional circumstances, where a nurse is not available, should a caller be called back by a nurse and this must be within 10 minutes.

Ability to refer callers to other services without the caller being re-triaged for definitive clinical management.

Callers to NHS 111 should be clinically assessed once and, where appropriate, referred to the local NHS service that is best placed to meet their needs. Referral protocols should be in place with local NHS services detailing 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 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. For less urgent health care needs, people should still contact their GP or local pharmacist in the usual way.

Once the new service is rolled out nationally, there will be just three numbers for people to use when they need to contact the NHS for urgent care; 999 for life-threatening emergencies; their GP practice; and 111.

If a health professional provides a specific telephone number to call when someone is concerned about their health condition, people should also continue to use these numbers.

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 are advised to call NHS 111 again to find an alternative service to meet their needs.

Will NHS 111 replace NHS Direct?

When NHS 111 is rolled out nationally, it will replace NHS Direct's 0845 4647 telephone service. Until then, NHS Direct will continue to provide this service. While the 0845 telephone number will cease exist, NHS Direct will continue as a provider of the NHS 111 service in the areas where it has been awarded contracts.



How is the NHS 111 service being evaluated?

All live NHS 111 areas are required to provide detailed operations and system impact data, which we publish every month.

The NHS 111 minimum data sets are available at:

<http://transparency.dh.gov.uk/category/statistics/nhs-111-statistics/>

We also commissioned the University of Sheffield to conduct an independent evaluation of the NHS 111 service in the four original pilot areas for the first 12 months of live operation. This work was 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 University of Sheffield's evaluation reports are available at:

<http://www.shef.ac.uk/scharr/sections/hsr/mcru/111.>

What impact is the introduction of the NHS 111 service having on other NHS services in the live 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 urgent care 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 final report of the independent evaluation by the University of Sheffield of the original four pilot areas and the data collected from all live areas for the monthly minimum dataset indicates that NHS 111 is not increasing demand on the urgent care service.