Message

From: psmatthancock [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8DDDC7F87798480280E3A7AA57CB8D62-PSMATTHANCO]
Sent: 28/05/2020 11:01:16 AM
To: HOUSER, Kieran (NHS ENGLAND & NHS IMPROVEMENT - T1520) [kieran.houser@nhs.net]; psmatthancock [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8dddc7f87798480280e3a7aa57cb8d62-psmatthanco]
Subject: RE: Read out from A&E/111 transformation meeting 22/05/20

Hi Kieran

Apologies for the delay in sending through. Please see the readout below. I will send round to attendees as well.

Thanks

NR

Non-COVID A&E / NHS111 Meeting, 22 May 2020

Attendees: SofS, Allan Nixon, Lee McDonough, Elin Jones, NR *Pauline Philip, Clifford Mann, Marc Thomas, Iain Pickles (NHSE/I)*

- Non-COVID A&E:
  - SoS was updated on figures for A&E. Attendance had dropped by more than 30% but has begun to rise again. This consists of a reduction in lower acuity categories but far less reduction in severe cases.
  - Data has been compiled to show different types of presentation. It was noted that for every high risk patient being seen, 14 low risk attended.
  - SoS asked if all those low risk ones should not go to A&E. It was confirmed that this is not necessarily the case, but many do not need to be seen in this way.
  - It was agreed that we need to manage public attitudes. People are used to turning up to A&E and just waiting but if they do so, with social distancing measures in place, we will not have enough capacity.

- NHS 111 during the crisis:
  - IP talked through the data on NHS 111 use throughout the current crisis. This shows calls through to 111 service rose steeply in early March. Capacity couldn't increase at same rate and so at peak 40% of calls were not answered. Later in March there was reduction in capacity (due to workforce impact of isolation) while the increased activity was maintained. There was a particular spike when we offered testing to symptomatic through 111. Activity levels are now much more in line with historic levels and we are now answering vast majority of calls (despite no real increase in capacity).
  - NHS 111 activity online doesn't quite map to telephone service. There was a peak in mi- March with 950,000 users accessing in one day. There has been exponential growth in use of the online service, but this initial spike has fallen as public understanding of the virus has increased. However, this is still above historic levels.
  - SoS noted he was surprised that, with sharp fall-off in A&E service, NHS111 is not picking up more of the burden (at least via telephone service). He asked where that demand has gone. It was noted that lockdown means fewer patients of other types (e.g. injuries). This means there is some missing demand somewhere in the system (but it is lower acuity). Isolation also reduces impacts of non-COVID infectious disease spread (e.g. gastroenteritis) and this has a corresponding effect of demand.

- 111 First:

- It was noted that there is a real risk that the level of demand on A&E from self-presenting, causing crowding and preventing social distancing in a core healthcare setting. There is therefore a need to triage through 111 before self-presenting.
- There is also a need to focus on risk of vulnerable and shielded patients self-presenting and being at risk of nosocomial infection. We need to make sure they are picking up the phone before self-presenting.
- IP outlined the proof of concept next step for getting this working. First we need to iinstitute 111 First for shielded patients. It is suggested this starts with London and South East Hampshire. Need to test with well developed systems and ensure vulnerable patients with more limited access to healthcare are not disadvantaged by a 111 First way of accessing urgent care before wider rollout.
- SoS welcomed the presentation and the approach proposed. He noted that Mental health concerns need to be part of thinking. He also did not agree that London is the best starting point but supported trialling in Portsmouth and South East Hampshire in the first instance. PP said that she would come back with further advice on London and noted that there is significant stakeholder support. SoS noted that his concern is not stakeholders but the public.
- His overriding steer is that for this to work, it must be better than the current system. During COVID we have infection control as a strong rationale (and this approach helps people to get back to accessing care) but we have to ensure this works better and people do not want to revert to the pre-COVID position.
- SoS also noted the importance of finding the right name and the impact this has on patient and public perception. Resolving this should be tied to a renaming exercise on UTCs. We must not underestimate that A&E has a very strong resonance.
- Before rollout SoS noted that we need to be doing focus groups, local comms, etc on first mover plan. **Action – NHSE/I to develop a comms plan**
- LM noted the intersection with care homes. SoS said that at some point we will have to roll the COVID service back into 111 and he would be interested in numbers going through that service. **Action – NHSE/I to provide data on calls going through the COVID service**
- Overall SoS is very content with the substance of the proposal and agrees with moving to the principle that you always call before you go to A&E (using 999 as routing for urgent cases and 111 as routing for lower acuity with time slot offers, not just for A&E).

- There was also a brief discussion on CRS. SoS noted that that this may need to happen in slower time for elective care, but should move ahead for urgent and emergency. SoS asked for a presentation covering the whole capital bid, including NHS 111 and CRS. This should then be put forward to No 10 through policy and SpAds does not require ministerial engagement). The focus should be on entrenching benefits of COVID, as well as finance. **Action – NHSE/I to revise the presentation for a meeting with No 10**

Department of Health & Social Care

NR
Senior Private Secretary, Office of the Secretary of State
(Shift rota with NR *and* NR *)*
Department of Health and Social Care, 39 Victoria St, London, SW1H 0EU
M: I&S **E:** NR @dhsc.gov.uk

For all submissions, please factor in Junior Minister clearance. SofS Office box times are 3pm Monday-Wednesday and 12pm Thursday.

From: HOUSER, Kieran (NHS ENGLAND & NHS IMPROVEMENT - T1520) <kieran.houser@nhs.net>
Sent: 27 May 2020 15:48
To: psmatthancock <psmatthancock@dhsc.gov.uk>
Subject: Read out from A&E/111 transformation meeting 22/05/20

Hi team,