

# **NHS 111 paediatric desk pilot - outcomes from Phase 1**

August 2019

# Overview

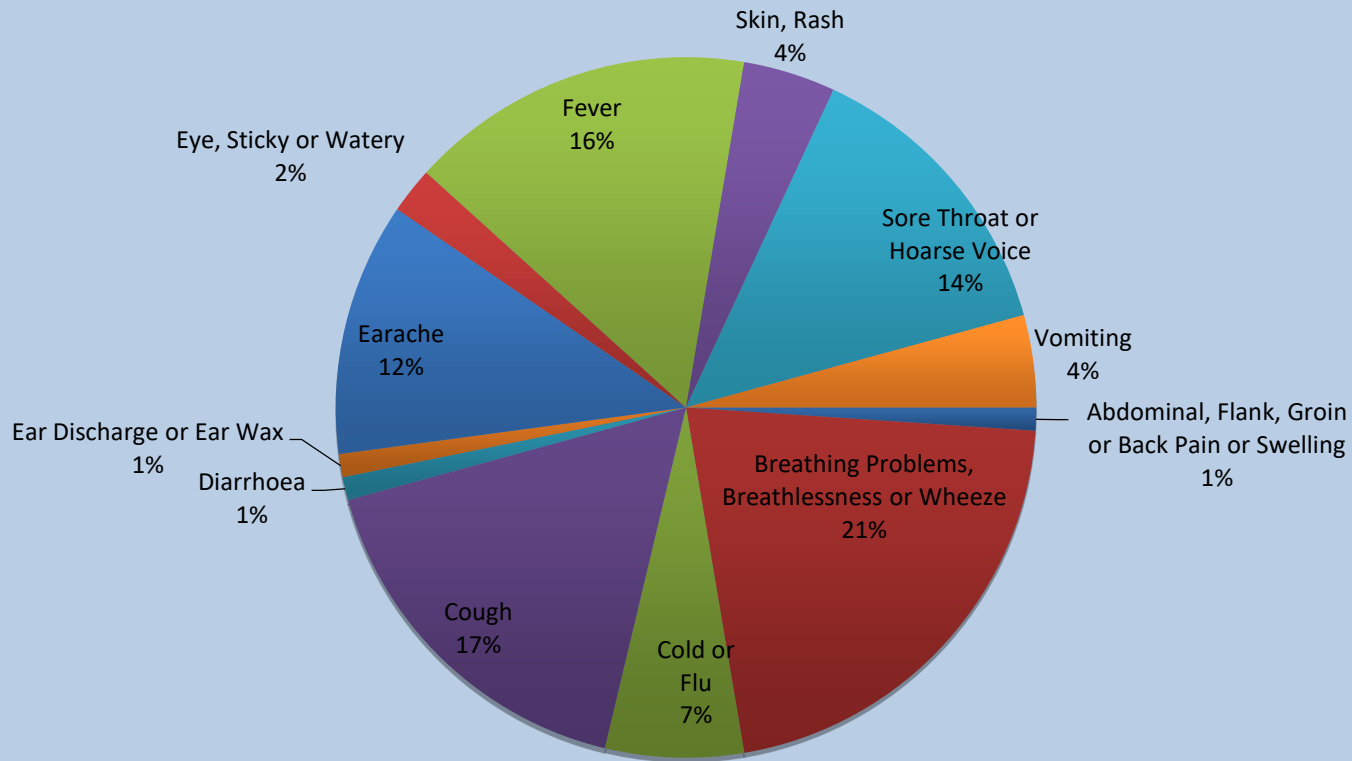
- Funding was provided by NHS England to explore ways to improve the remote assessment of children in Hampshire via NHS 111
- Phase 1 of the pilot involved enhanced telephone assessment for children aged 5 years and younger with certain symptom groups (fever, sore throat, earache, cough/cold)
  - Objective to improve patient satisfaction and increase proportion of self-care dispositions / reduce unnecessary face-face assessments in primary, urgent or emergency care
- Using Healthier together clinical pathways to improved clinician decision making and provide parents/carers with high quality safety netting

# Pilot – Phase 1

- 12 weeks (starting 13/4/19)
  - 6 hour shift every Sunday 8am-2pm
- Staff manning paediatric desk:
  - 2 Clinicians – Nurse or Paramedic
  - 1 GP
- Based at Whiteley within the PHL call Centre
- Using the Senior Clinician Model within Adastra
  - Clinical decision making based on Healthier Together clinical pathways
    - All staff received bespoke training March 2019

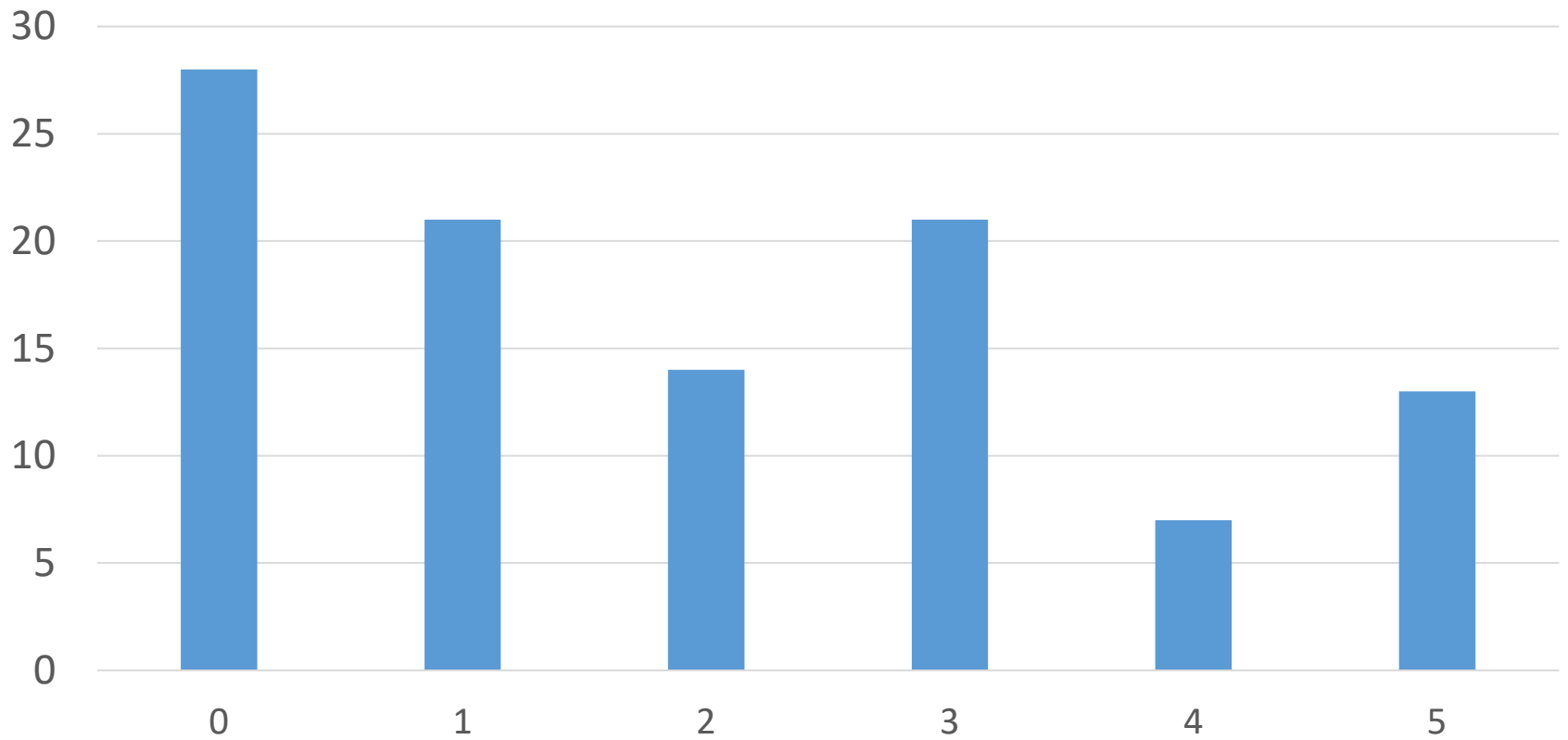
# 104 Calls were managed by the desk

## Percentage of Assessed Symptom Groups



# Age Ranges Managed (n=104)

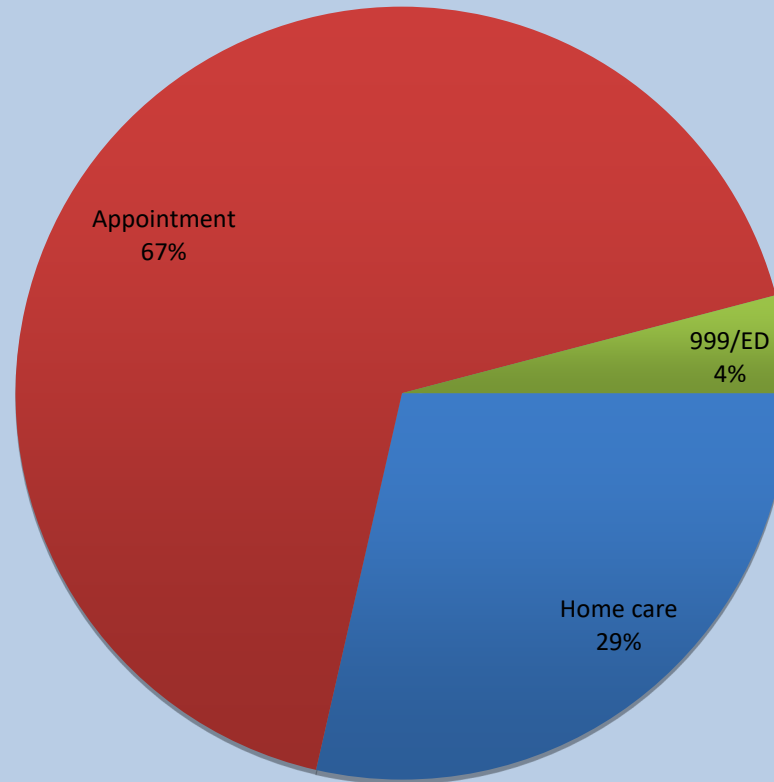
Distribution of ages



# Calls meeting eligibility criteria for the pilot which were not managed by the paed's desk

- During the 12 week pilot, there were an additional 204 calls suitable for the desk that were not assessed— this would have increased total call volume to 310 (26 per 6 hour shift).
- Reasons for calls being 'missed' include:
  - Pathways selection
  - Multiple symptoms
  - CAT 3/4 and ED Validation
  - Incorrect Streaming/DoS selection.

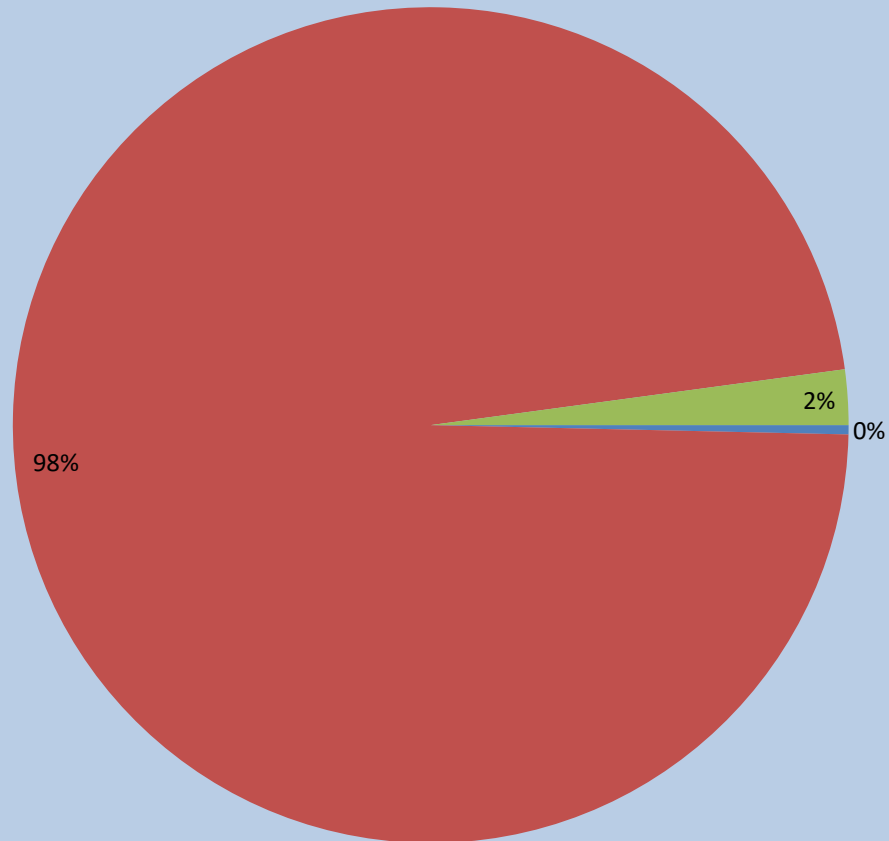
# Disposition after assessment for children managed by paededs desk



# Care provision without input from Paediatric Desk

■ Closed   ■ Face to Face Assessment   ■ 111 Clinician

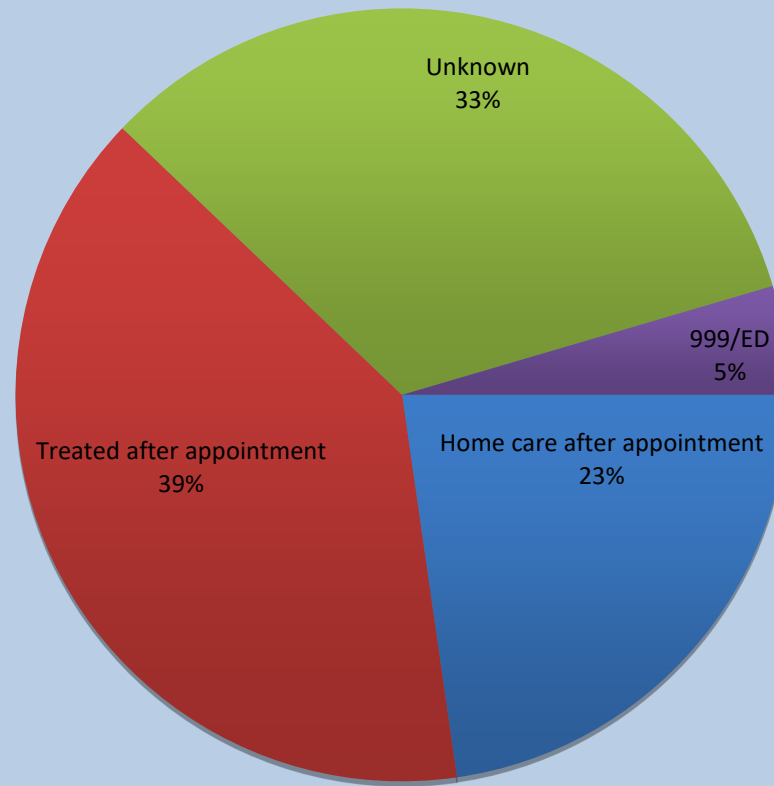
Face to face  
assessments:  
Own GP - 6  
GP 6 Hours - 66  
GP 24 Hours 24  
GP 2 hours - 43  
GP 12 Hours - 19  
GP 1 Hour – 92  
ED - 5  
999 - 15



**Home care very rarely recommended in the absence of the paediatric desk**

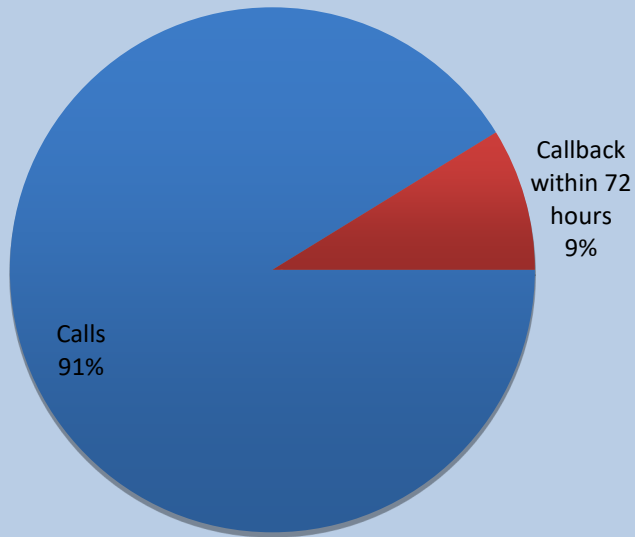


# Evaluating the safety of the paediatric desk: final management after face to face assessment

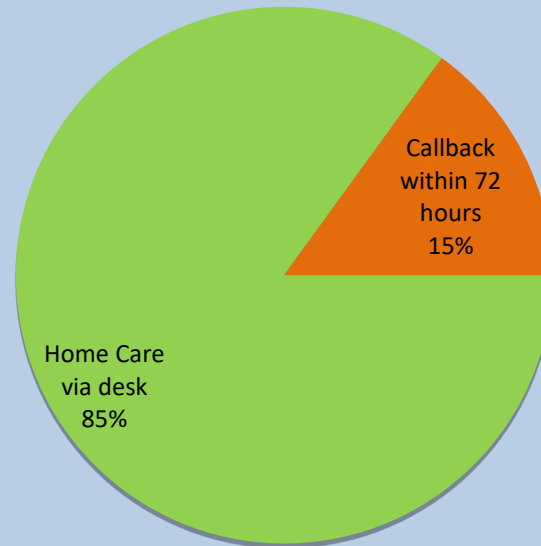


# Evaluating safety of the paediatric desk: call backs to 111

All call backs



Call Back after home care advised by paediatric desk clinician



# Evaluating safety of the paedes desk: attendances to the Emergency Department

- During the first 6 weeks of the pilot only 4 patients were found to have attended ED after assessment via the desk.

**Patient One** was referred to the ED by the Paediatric desk – this patient was subsequently admitted.

**Patient Two** self presented after home management via the desk, treated with antibiotics.

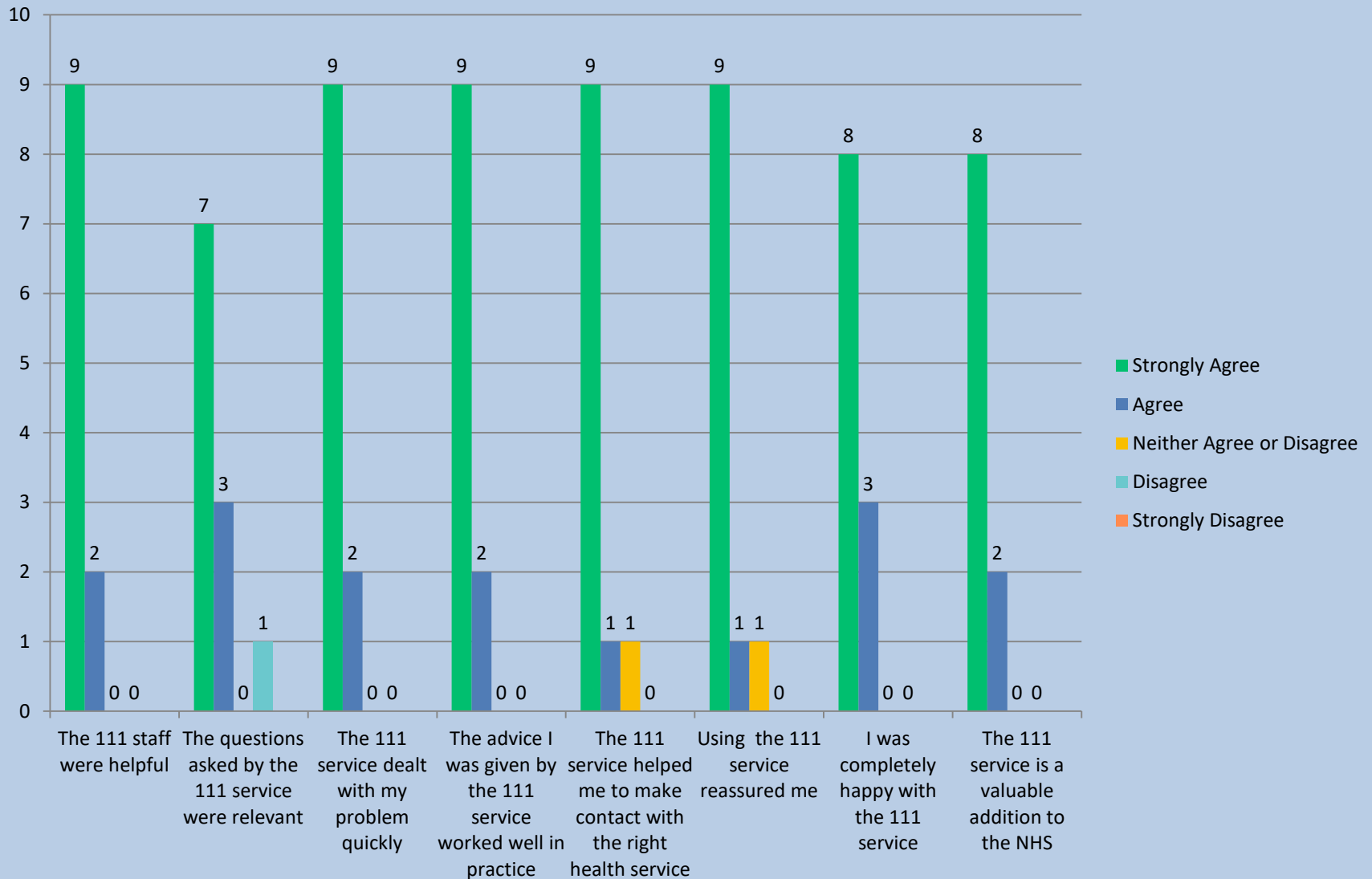
**Patient Three** self presented after home management via the desk, treated with antibiotics.

**Patient Four** was booked a GP appointment via the desk and was treated with antibiotics following face to face assessment – despite treatment

# Patient Survey (11 responses)

- 11 stated they would be extremely likely or likely to recommend 111 service.
- 11 followed the advice given.
- 3 saw another service within 5 days
- Within 7 days the patients were completely better or had improved.
- 11 satisfied with their experience

Q7. Below are comments showing how people might feel about the service they received. From your experience of the 111 service on this occasion please mark the boxes that seem closest to your views.



Taking concerns seriously.

I was very impressed at how quickly a Dr phoned me back I was given an appointment for out of hours GP an hour later. 111 staff very helpful, although I don't see why I need to be in exactly the same room as my child when answering questions.

Everyone I spoke to was very polite, reassuring, gave clear instructions and asked relevant questions

Friendly, reassuring staff

A nurse phoned me back very quickly and confirmed we needed to go to A&E. The 111 operator was very thorough in her questions and revisited some I wasn't sure about. This made me feel reassured I was getting the correct advice.

# Clinician Survey

## Positives

- Healthier Together tool was good
- Easier to assess as specifically the tool is driven to paediatric patients

## Challenges

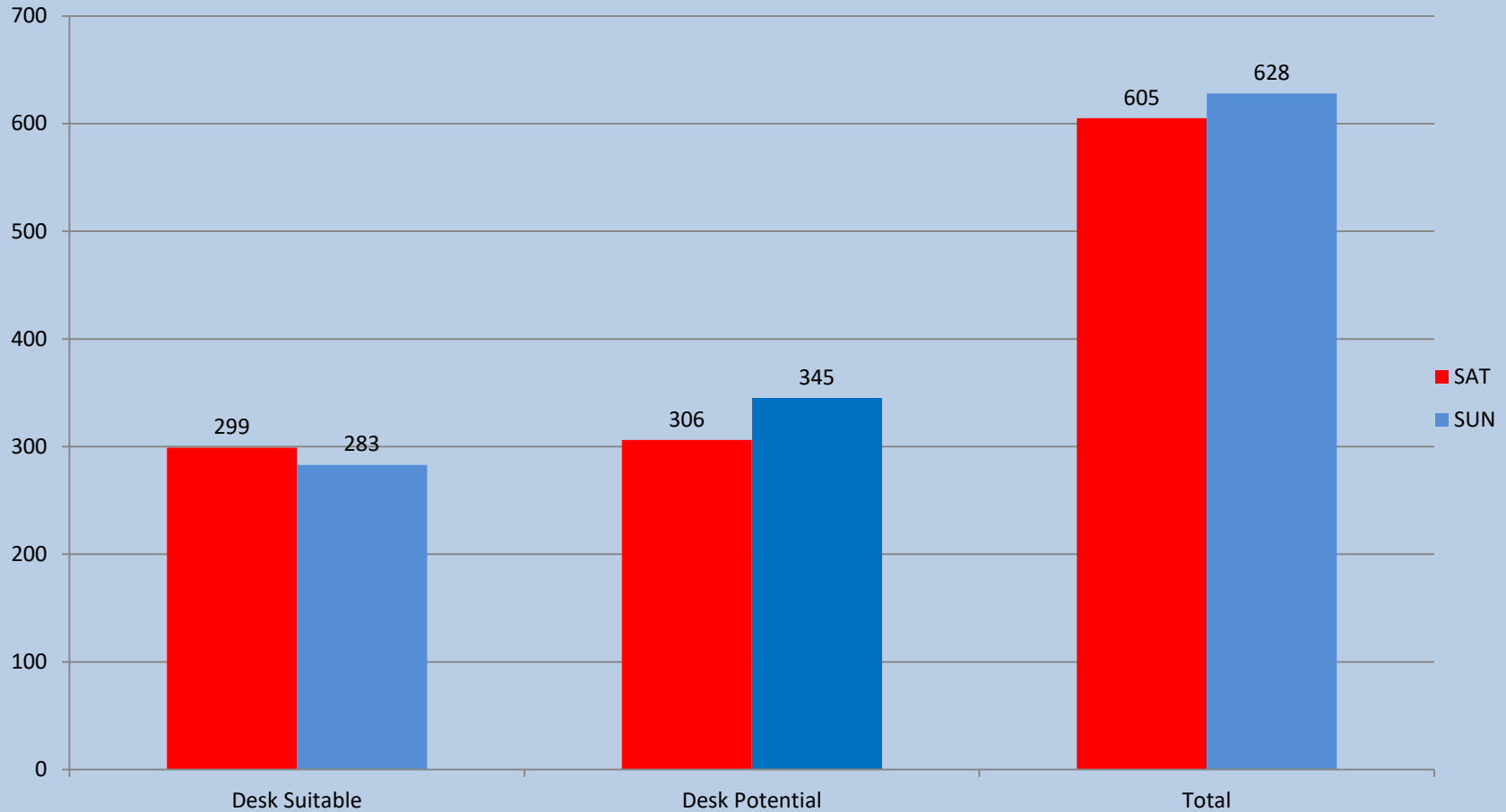
- Call volume low
- Limited symptom groups being managed/pathways available
- IT issues – using two systems, appointment booking
- Lack of consistency manning the desk
- Access to PHL building
- Desk manned using extra hours – not part of desk
- Communicating with shift managers was difficult

# Moving forward to phase 2– expanding the range of pathologies managed

	Abdominal Pain	Abdominal, Flank, Groin or Back Pain or Swelling	Allergic Reaction	Bites or Stings, Insect or Spider	Blisters	Constipation	Diarrhoea	Diarrhoea and Vomiting	Eye, Sticky or Watery	Skin Lump	Skin, Rash	Vomiting	Grand Total
13/04/2019			4	1	2	2		2	2		11	10	34
20/04/2019	1		1	2	2	1	2	4	2	1	12	6	34
27/04/2019	1	1	1	1	1		2	1	3		10	8	29
04/05/2019		2	1		1		2	2	3		5	2	18
18/05/2019		3	3		5	1	3	5	2		7	11	40
25/05/2019	1				5			3	2		10	3	24
01/06/2019	1		1	4	3	1	2	1	2		4	13	32
08/06/2019	1				4			2		1	10	4	22
15/06/2019		2		2	5		1	2	5		10	4	31
22/06/2019		2	1	2		1	1	3			9	5	24
29/06/2019				1	4		3		3		3	4	18
Grand Total	5	10	12	13	32	6	16	25	24	2	91	70	306



# Comparison of call volume if expanded range of pathologies



# Increasing age range

- An extra 239 calls would have been reviewed via the paediatric clinicians during the 12 week pilot for the current symptom groups if the age range had been expanded to 0-16 years.
  - NB – when collecting the data for this period ages were not available for 1200 patients.
- This data collection did not examine pre determined management plans, calls to in house clinicians, not specified pathways – therefore the number could be greatly increased.

# Conclusions

- The service is safe and has been well received by both staff and clinicians
  - To be staffed by GPs and paediatric nurses
- Plans for phase 2 of pilot (to start 2019)
  - Aim to expand symptom groups
  - Aim to increase age range to 0-16 years
  - Aim to introduce video-calling capability to all children to be 'seen' by staff on the children's desk (Qdoc)