NHS 111 – Frequently Asked Questions

(Responses provided by NHS 111 National Clinical Advisers)

'Sign off' for GP practice entries in the local Directory of Services (DoS)

There is a standard DoS template that includes the clinical symptoms an 'average' general practice, with a standard NHS contract, would normally deal with. While, theoretically, it is up to individual practices to agree their DoS entries with their commissioners (currently the PCTs), in some areas the LMC is acting collectively on behalf of all practices.

Although there is no national requirement for LMCs to 'sign off' the GP practice entries in the DoS, many local areas are asking their LMCs for guidance and or keeping them informed out of courtesy. It is a national requirement that there must be an LMC member on every local NHS 111 Clinical Governance Group.

It is the responsibility of each practice to agree its own DoS entry with the commissioner. It is the local NHS 111 clinical governance group that has the ultimate responsibility for 'signing off' the whole DoS as being fit for purpose for use within NHS 111.

Sending data to GP practices

a) Does the NHS 111 service send data about every patient who contacts the service to their registered GP?

The national 111 Team has been working on the principle that most GPs want to know what happens to their patients who have a clinical problem and who contact the NHS 111 service. They are also mindful of the need not to burden GP practices with unnecessary information. For this reason, it has been decided that certain 'dispositions' will not result in any message being sent to the GP. These non-transmitted dispositions include:

- patients who phone but who do not need to undergo a clinical assessment (this includes wrong numbers and people phoning for routine GP appointments and who get through to NHS 111 by default)
- Contact Pharmacist
- Refer to Police
- Contact Optician – next routine appointment within 72 hours
- To be seen by Dental Practice – within 3 working days
- Contact Orthodontist – next working day
- Provide Service Location Information
- Refer to Health Information
- Refer to Fluline

For the remaining dispositions, there will be a summary message sent to the practice. Currently this is the standard 'summary' that is generated by NHS Pathways,

but DH is aware that this is not always a satisfactory clinical summary from a GP point of view, having been developed originally for use by paramedics attending on scene. The NHS Pathways team is working on improving the summary and this will be available in the next release of NHS Pathways, scheduled for release in May 2013.

Suggestions and feedback on how this process can be improved are always welcome. LMCs can either contact their regional 111 clinical lead or ask the GPC secretariat office to pass information on (aottley@bma.org.uk).

b) By what method is this information sent from NHS 111 to GP practices?

A national solution is being developed - involving Connecting for Health and the GP System Suppliers - to allow data from NHS 111 to be transferred seamlessly into GPs' clinical systems. This is not yet in place. The interim solution is to send each practice their data by their preferred route. Their preferred route is identified through the practice's own entry in the DoS. Common formats selected include Docman, nhs.net email and faxes (although faxes are not recommended by the DH). Some areas are coming to a joint agreement about preferred routes. Other areas are leaving it up to individual practices.

We would not normally expect NHS 111 call advisers or NHS 111 clinicians to speak directly to a GP via telephone. Some areas have agreed that for the very occasional URGENT disposition, e.g. when a patient has been asked to contact their practice within 1 hour under the 3rd call in 4 days rule, the NHS 111 service will phone the practice to alert them that the patient will be contacting them. This is entirely up to local areas to agree through their local NHS 111 clinical governance group.

c) Does responsibility for action lie with the patient or the practice?

There is no expectation that the practice will contact the patient. It is up to the patient to contact their practice and up to the practice to then deal with the patient through their usual processes.

The standard script used by the NHS 111 service when a patient is referred to their own practice is "you should contact your own practice within x hrs / days". The NHS 111 service should never promise a consultation or a home visit. If a GP thinks this has happened, they should provide feedback to their local NHS 111 service and they will listen to the call to determine exactly what was said. Remedial action will be taken if necessary.

d) Can NHS 111 reports for minor problems be filed straight into the patient's clinical record?

The practice of filing patient information directly into patient records without clinical scrutiny is not currently recommended by the BMA.

BMA comment

If a patient calls NHS 111 and is referred to a local service, for example an OOH doctor or a walk-in centre, then it would be appropriate for the healthcare professional seeing the patient to enter data into the clinical record where there is a local shared record system. The BMA would, however, have concerns about NHS 111 call handlers, who are not healthcare professionals, entering data directly into the record due to both confidentiality and data quality reasons.

At the LMC conference, concern was expressed by GPs about the quality of data in local shared records and that was in relation to data entered by healthcare professionals.

Allowing access to medical records by call centre staff who are not healthcare professionals will also raise security and confidentiality concerns even if this occurs with the explicit consent of the patient. Multiplying the numbers of people that can access healthcare information will increase the risks to confidentiality, and as the data inputted by staff will be relating to minor incidents it is likely that the benefits would be outweighed by the risks. The risks include someone intentionally looking at the record of a neighbour for example, or the call handler being subject to a 'blagging' attempt (i.e. a deviant attempt at obtaining information).

In terms of whether this is practically possible the answer is yes, in some areas. The GPC understands that TPP is trialling an NHS 111 module, although we are not yet aware of the outcomes of the trial].

e) Flagging of safeguarding issues

Information about safeguarding issues can be contained within 'special notes'. The NHS 111 service can flag patient records so that when a patient with a 'special note' contacts the service, the call can be put through to an NHS 111 clinician who can view the information supplied in the 'special note' and act accordingly.

All NHS 111 call advisers and clinicians should have received mandatory safeguarding training. Where a safeguarding issue is identified by the NHS 111 call adviser, there must be local protocols in place to ensure the correct action is taken by the NHS 111 service. This could include putting the patient through to an NHS 111 clinician and directly contacting the on duty social services team.

Proper two-way communication between the service and local GPs is vital. The local NHS 111 clinical governance team needs to consider these issues and identify local solutions that have the confidence of local clinicians and are appropriate for their particular area.