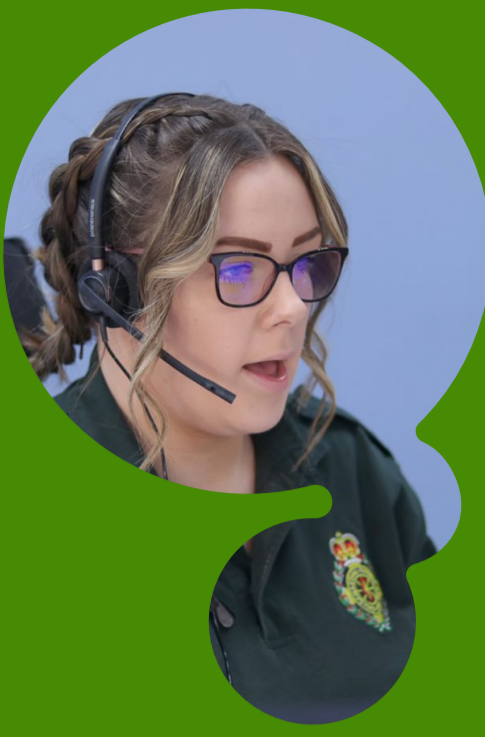




Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
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"NHS Redirect: An outdated concept" A review of influencing factors on 999 referral rates in Wales.

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Introduction

NHS 111 across the United Kingdom (UK) aims to help people get the right advice and treatment when needed. Clinicians such as pharmacists, doctors, paramedics and nurses work alongside call-handling staff to assess and advise patients.

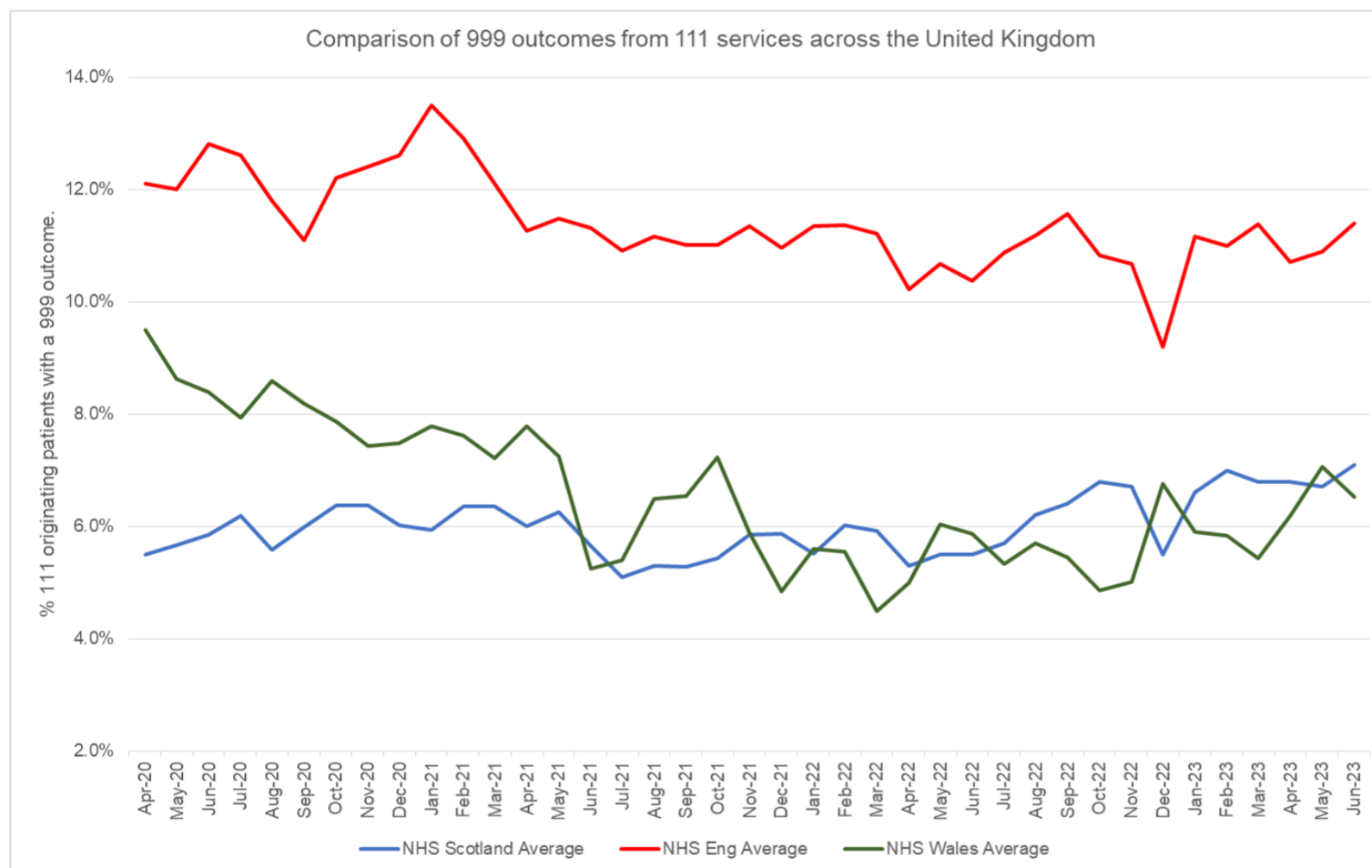
In Wales, a devolved UK nation, the implementation of a national NHS 111 Wales service (delivered by Welsh Ambulance Services NHS Trust (WAST)), completed in 2022, was supported by several national strategies, which, like England and Scotland's NHS24 service, aimed to simplify the often complex pathways that patients, carers and professionals navigate to access the urgent and unscheduled care system.

There have been reputational challenges associated with delivering urgent advice and gateway services such as NHS Direct / NHS 111 and their referrals to 999 emergency ambulance services for many years; some mainstream media examples have been seen. There have also been a small number of limited studies that speak to the frustration of clinicians working in some NHS services themselves to 111 referrals to 999, outlining concerns linked to liability, prioritisation processes, and risk-averse processes (Philips, 2020)

Aims and objectives

This discussion research aims to explain and explore some of the possible influencing factors within the national NHS 111 Wales service that might be contributing to ensuring referrals through to 999 emergency services are appropriate.

The graph below shows the average 999 referral rate from NHS-111 type services in Wales, Scotland and England between August 2020 and June 2023.



This research and its authors do not seek to compare or share data competitively; rather, the objective is to generate healthy conversation about WAST's 111 referral rates to 999. Predominantly as a measure of its contribution to Goal 2 of the Six Golas for Urgent and Emergency Care for Wales - "Signposting people with urgent care needs to the right place, first time".

It is clear that there are similar processes across the UK and with different providers in ambulance validation, ED criteria, use of alternative transport options, and clinical support processes, albeit with different nomenclature. Given these similarities, other factors must contribute to the differences in referrals from 111 services to 999 across the UK which the authors seek to explore.

SUMMARY (TLDR)

NHS 111 services aim to help people get the right advice and treatment when needed. In Wales, the national 111 service is delivered by Welsh Ambulance Services NHS Trust (WAST).

There have been reputational challenges associated with 111 services and their referrals to 999 ambulance services for many years. WAST has seen lower levels of 111 calls being referred to 999 than most of the UK on sustained basis.

The authors conclude that WAST's relative success derives, not from being a sole provider, but rather having a risk-empowered workforce that is enabled by acting as one organisational system with one organisational culture, supported through robust access to real-time data. Furthermore, relative success also derives from challenging the status quo that over-triage to 999 services is an accepted by-product of a "safe" service. Rather, the workforce needs to be confident and competent to practice in a more risk-stratified, balanced, and often clinically autonomous way; through training, education, supervision, reflection and feedback.



Organisational design and system risk management

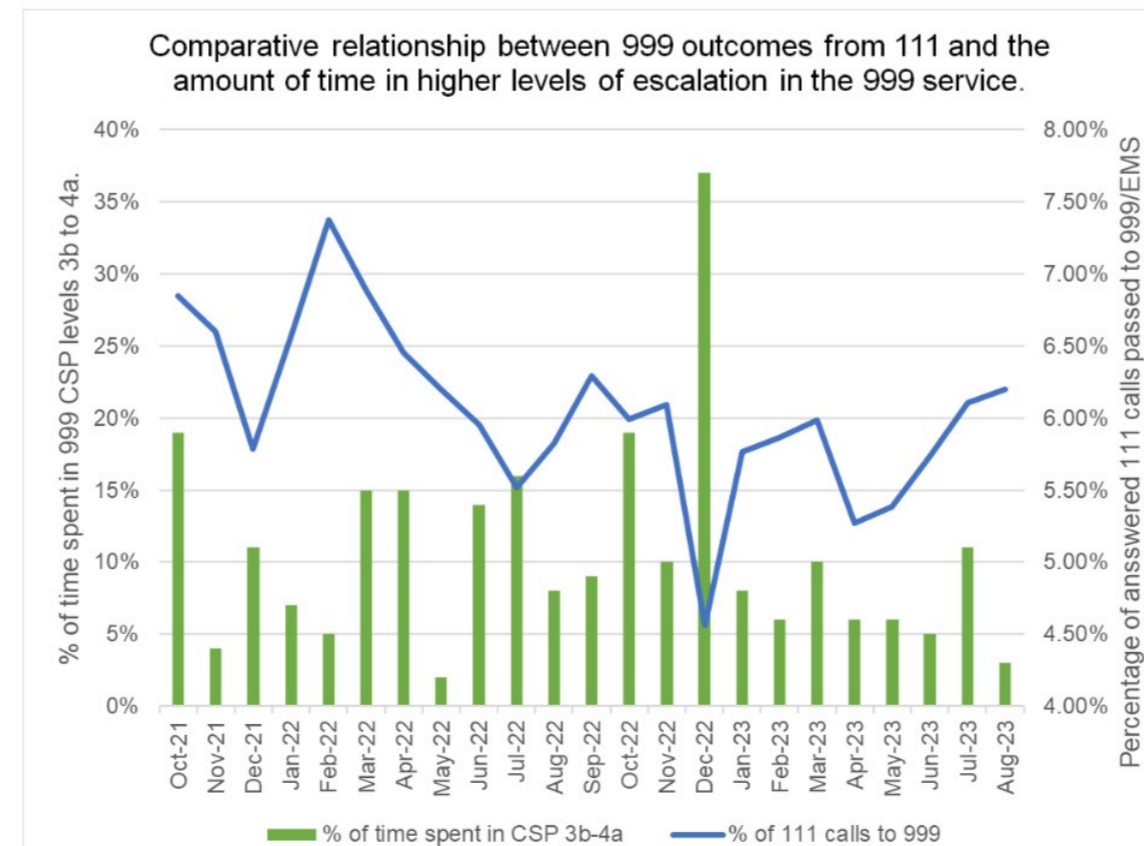
- The Association of Ambulance Chief Executives (AACE) suggested in (2020) that one of the many benefits of having single providers for both NHS 111 and 999 services is a lower referral rate from 111 to 999.
- Whilst there are small amounts of evidence supporting this in some areas, this is not a universal outcome. Analysis of 999 outcomes as a 111 calls shows only a **0.17% improved rate** as an average in ambulance providers of 111 compared to all other 111 providers.
- The status of single provider should be seen more as an enabler to the low levels of 111 referrals to 999 that WAST have seen. It creates an environment where many more prominent barriers to collaboration can be broken down and factors such as **risk perception, organisational culture and digital systems** can thrive.
- It is working on these three factors in addition to **Confidence and Competency strategies**, which the authors suggest contribute to the reduced referral rates within WAST. However, the authors recognise that much more research is required to link any cause and effect definitively, but do consider this a helpful conversation enabler to creating future research questions and protocols.

Risk perception

- The 111 and 999 systems are intertwined like many other parts of the urgent and emergency care system and cannot be separated. Pressure and poor flow in one part of the system drives impacts and patient behaviors in others areas of the system.
- This experience is demonstrated in the relationship between 111 and 999 in Wales at an organisational, colleague and patient level. Suppose high volumes of patients who contact 111 are subsequently referred to 999, Clinical Safety Plans are enacted within 999 which directs an increasing proportion of patients into 111 until risk is balanced at a whole system level.
- Such safety plans require call handlers and clinicians to truly and critically question if an ambulance response is always required. There will be times when pressure is also extreme across both services. **Times like this call for "best practice versus safe practice" decisions.** Research shows the prevalence of these decisions grow where greater 'common purpose' exists.
- The authors define best practice versus safe practice decisions as those **"decisions taken in the context of high system demand and poor capacity or flow, which, whilst may not align completely with the best evidence, guidelines, professional procedures or policies, aim to limit or mitigate the level of risk a patient may experience"**

Organisational culture

- The effective management of perceived risk arguably stems from an organisation, and thus those working within it, acting as one system with one overarching culture. The resultant choices of 111 WAST staff dictate the percentage of calls referred to 999 and other services. It is that culture which drives **shared ways of thinking, feeling and behaving.**
- Experience, however, enables our people to think and act as part of a broader system, not simply as part of the 111 arm of WAST. This approach can be seen in the graph below which shows that the lowest levels of 111 referral rates are experienced when the 999 system reaches higher CSP levels for a more significant proportion of the time.



Digital enablers

- Any healthcare system attempting to enable hundreds of individuals to choose between the best care for each patient and safest available care is inherently imperfect. On shift leaders are the stewards of real time risk balancing and collaboration. A high calibre of leadership is required in real time to navigate the ethical, administrative and power dimensions.
- Within WAST those involved at all levels of the system have access to real time intelligence to support their decision making on aspects such as ambulance etas, hospital pressures and ambulance waiting queues. That is overlaid by co-ordination and direction through the Operational Delivery Unit (ODU) and the frequent safety huddles they lead. This ensures everyone has the right information, at the right time that they need to navigate a patient centred approach.

Confidence and competence

- Historically, services providing remote assessment & the professionals working within them have been risk averse. Risk averse behaviours also known as 'over-triage' and the organisational systems which enable them, have for too long been readily accepted as a by-product of providing "safe" remote services. **Better to be safe than sorry is not a risk-stratified mature manner of patient assessment. Over triage must be challenged. Its simply unsafe at a system level.**
- A more risk stratified, balance, and often clinically autonomous approach to care is needed; through training, education, supervision, reflection and feedback. All whilst ensuring that safety remains a paramount consideration.
- Recognising the importance of confidence and competence to ensuring safe, accurate and proportionate clinical outcomes, including those to 999 services, WAST has recently launched its **111 "Confident and Competent plan"** in response to the historical evidence of risk averse behaviours and over triage. That plan has five principle pillars of action

- Table Top Scenarios**
Protected time for group scenario sessions, which are facilitated by the training team, not taught, nor lectured, but facilitated. Scenarios are used that can be discussed as a group during which divergent views are encouraged.
- Clinical Supervision**
A process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence through agreed and regular support with another professional.
- Audit Tool Redesign**
Two audit tools, used for many years, have been redesigned. Staff were asked for their views, what they consider important, and what feedback is important to them whilst recognising patient safety.
- Observational Shifts**
Supernumerary exposure to a different clinical or operational environment from which the staff member predominantly work but linked to 111, such as urgent primary care, GP out of hours and clinical support hubs.
- Rotational Posts**
Staff will rotate through and work clinically in settings linked to 111 such as urgent primary care and clinical support hubs.

CONCLUSIONS

NHS 111 services across the UK aim to help people get the right advice and treatment when needed. There have been reputational challenges associated with delivering urgent advice and gateway services such as NHS Direct / NHS 111/NHS24 for many years, with referral rates to 999 being the focus of much media and policymaker attention. As a single provider across Wales of 111 and 999 services, WAST has seen fewer calls being referred to 999 than most of the UK on a sustained basis.

Whilst one easy answer might be to point towards the theory that success results from being the single provider for both services national services, the authors suggest that it is more nuanced than that, especially given the sole providers in England achieve only 0.17% lower referrals than non-ambulance providers.

Instead, the authors conclude that relative success derives more from having a risk-empowered workforce that is enabled by acting as one organisational system with one organisational culture, supported through robust access to and visualisation of real time data. Furthermore, relative success also derives from challenging the status quo that over-triage to 999 services from NHS 111 is a readily accepted by-product of a "safe" service. Rather, the workforce needs to be confident and competent to practice effectively. A more risk stratified, balanced and often clinically autonomous approach to care is needed through training, education, supervision, reflection and feedback., whilst ensuring that safety remains paramount.

The authors hope this stimulates helpful discussion and generates interest in future research programmes exploring many facets of a complex system.