111 online

Changes in Requirements Schedule 1.6

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# Summary of changes in version 1.6

The 111 online Requirements Schedule has been updated (version 1.6), principally to reflect an upgrade to NHS Pathways release 15 and the introduction of a validation function for 999 and ED outcomes. 111 online now also attempts to SPINE trace users when sending cases to a service.

Only substantive changes are listed below. Other adjustments have been made to the document for clarity, to correct inconsistencies, or rectify errors of spelling, punctuation, and grammar.

## Changes throughout version 1.6

*Revisions explained here will not be included in the more detailed list of changes below.*

1. Version 1.5 of the schedule **updated contact details for the National Service Desk**, which offers all-hours support in the event of any problems with 111 online.
2. The upgrade to **NHS Pathways release 15 introduced numerous new disposition (Dx) codes** to 111 online. These have been added to relevant lists and appendices. Ambulance (999) dispositions have also been labelled with the acuity categories (numbered 1 to 4) introduced by release 14.
3. 111 online continues to integrate with additional patient management systems, like Cleo. This has been updated, where relevant.
4. The NHS Choices website has been **re-branded as** [**NHS.UK**](https://www.nhs.uk/), and reference in the schedule has been changed accordingly.

# Details of changes in version 1.6

## Section 2. Overview of service and how it works

First paragraph updated to reflect that 111 online ‘is live almost everywhere in England’.

Second paragraph, first sentence, ‘to self-treat at home’ replaced by ‘to receive self-care advice.’

Sixth bullet point has been augmented with a parenthetical explanation:

(The NHS Pathways content has been reworded, where appropriate, to make it suitable for online users who are not being guided through the triage by a 111 call handler.)

## 2.3 Dispositions

### 2. 999 dispositions

First paragraph, augmentations in italics:

High acuity (999) dispositions are treated differently compared to the NHS 111 phone service. *111 online cannot dispatch an ambulance; users must act themselves and ring 999, when advised. Service areas can also choose to enable validation callbacks for low-acuity ambulance dispositions. When validation is active the texts below will not appear for category-3 and -4 ambulance dispositions (Dxs).*

999 dispositions and their instructions are now separated by Ambulance categories 2 to 4. This includes new dispositions from NHS Pathways release 15.

A final paragraph has been added to the section:

In service areas where the End User and Service Provider(s) have agreed to validate category-3 and category-4 ambulance dispositions, users will be directed to book a callback from a clinician and have their case passed to a service provider. The process is similar to that followed for clinical callback dispositions.

### 3. Clinical Callbacks

Lists include new dispositions from NHS Pathways release 15.

### 5. Mental Health Pathways

Disposition code updated to Dx32.

### 6. Contact Genito-Urinary Clinic

Disposition code updated to Dx31.

## 2.4 DoS look-ups and DoS filtering

A new bullet has been added between sixth and seventh items:

* The two rules above will be nullified where online primary care dispositions, like Dx11, 12, have been mapped in the DoS to an ITK service open 24/7, such as an Integrated Urgent Care (IUC) Clinical Assessment Service (CAS). In this case, users can provide their details and refer themselves to that service for a callback during the in-hours period as well.

The final bullet about preventing ‘out of area’ results from appearing has been replaced to reflect new DoS features:

* The Limiting feature in the Directory of Services should be used when commissioners wish to prevent their services appearing to users in neighbouring areas.

## 2.6 Exceptions

### GP details, SPINE Trace and DoS

Second paragraph has been updated to reflect the new SPINE trace capability:

However, when 111 online sends a case to an outside service, it checks the user’s details with the Personal Demographic Service (PDS), and if it discovers a unique match, the ITK message arrives with the patient’s NHS number and GP details. Currently this SPINE trace succeeds more than sixty percent of the time. When the PDS lookup cannot identify a patient, there is a need, upon transfer of a user to a live clinical service for a call back, for the clinician to complete this administrative process at the point of the call back. If providers consider this an excessive burden on clinicians, then a member of administrative staff may be able to complete a trace based on the details in the ITK message, but the clinician will still have to verify these details at the start of the call back. This requires a review of the SOP for call backs generated from the 111 online service as mentioned in the clinical section below.

The final paragraph explaining the challenges of performing SPINE trace has been deleted.

## 3.3 Working with the DoS for 111 online

Fifth bullet point has been augmented (addition in italics):

* Review service names to make sure that they make sense to an online user. For example, if there are NHS abbreviations in the title they will confuse a user (e.g. OOH). Where possible, they should be removed. *111 online will display what is entered in the Public Name field, if populated; otherwise text from the Name field appears on-screen.*

The ninth bullet has been changed; originally it read:

* If a service is closed now, but opens before the end of the disposition timeframe, it returns in DoS. This allows the user to submit an ITK call, while the service is unmanned. For example, a 24 hour disposition on Friday night might return a service that re-opens 8am Saturday morning. The user will be advised they will get a call back within the 24 hours and worsening instructions. It may affect the Service Level Agreement (SLA) of the service.

It now says:

* *If a service is closed now, but opens before the end of the disposition timeframe, it returns in DoS. However, users can only pass their details to a service by ITK referral if that service is presently open.*

The twelfth bullet has been augmented with a final sentence:

* Instead users are told to contact their own GP and, if available, are offered alternatives like Walk-In-Centres or an open service that accepts ITK referrals.

The thirteenth bullet has been expanded to say:

* DoS searches for 111 online return results from the same square area as is used for the local telephone service. Where the search distance has not been specified, the default is 37 miles.

## 3.4 Creating new DoS profiles

The example DoS profile has been simplified. Strikethrough text removed:

* [SG]NHS Pathways in-house clinical with:
  + [SD]PC General health information
  + [SD]PC healthcare professional callback
* ~~[SG]Health and Social Information with:~~
  + ~~[SD]PC healthcare professional callback~~

New paragraphs at the end of the section address the new validation function for 111 online:

Service areas that do validation callbacks should also create a profiles for the Category 3/4 ambulances and ED validation dispositions (Dx333 and Dx334). This will allow areas to start or stop receiving validation cases without affecting the ‘referral to clinician’ cases above. It should have the relevant SG /SD combinations appropriate for the service being profiled.

* The services should be mapped to the following Dx codes:
  + Dx333
  + Dx334

Provides and commissioners can customise the opening hours for validation callbacks. Separate profiles for each Dx code allow service areas to implement and control 999 and ED validations separately. Again multiple services may be required to cover the entire geographic region.

## 4.1 Checking DoS results

Second bullet point has been changed; originally it read:

* This test needs to be carried out on both UAT DoS and live DoS

It now says:

* This test needs to be carried out on *the DoS environment(s) where the profiling has occurred. Predominantly this has been done on Live DoS.*

A new paragraph has been added after the bulleted list; it reads:

DoS features such as Limiting, Ranking, and Promotion can be applied to ensure that the most appropriate services return and that neighbouring services are excluded, if desired.

The last paragraph asking readers to consider ‘the future time when 111 online is live across multiple neighbouring End Users’ has been deleted because 111 online is now widely available.

## 4.2 Checking ITK messages (ITK)

A new paragraph has been added at the end of the section:

New tests will need to be done post-implementation to add a new service, when a service provider changes, or when new Dx’s are added to a service profile, for example Dx330. Tests are also needed before activating validation callbacks for 999 and ED outcomes (Dx333 and Dx334).

## 5.1 Reporting and Analytics

The paragraph has been augmented (addition in italics):

Once implemented you will be provided data from the service. We use different sets of tools for monitoring and will provide standardised data. Any additional reporting and analytic needs will be discussed as part of implementation. We will work with end users to meet their requirements. *Data from NHS Digital is meant only for primary use so that end users can monitor activity and trends in their area.*

## 

## 5.2 Metrics

Two statements have been added to the end of this section:

Much of this information is available from the 111 online data portal. End Users can monitor usage and download reports from it. dataportal.111.service.nhs.uk

To access the data portal, you will need to register for an account, that will be approved by NHS Digital.

## 5.3 Service Management and Support

In the first paragraph ‘N3 connectivity’ has been replaced (amendment in italics):

NHS Digital shall use reasonable endeavours to provide 111 online digital service to availability of 99.5%, based on *hosting environment dependency external sources such as the Directory of Services (DoS)*. This will be reviewed from time to time.

## 7.1.1 NHS Digital Responsibilities

In the seventh bullet ‘SCCI0129’ has been changed to ‘DCB0129’.

## 7.1.2 Local End User and Service Provider responsibilities

A final sub-bullet has been added to the list of what providers’ Standard Operating Procedures for 111 online should address:

* + That arrive with 999 or ED dispositions and are then validated according to local processes.

## 8.1 How we work

A final paragraph has been added inviting End Users to use Slack to communicate with the 111 online team:

You can stay informed about latest developments by attending our fortnightly show-and-tells (email nhs111online@nhs.net for details) and by joining our slack instance: <https://digitalurgentcare.slack.com/>.

## 9.1 List of supported Pathways

The URL has been updated to link to an up-to-date list.

## 9.2 List of supported Disposition codes

The list has been extensively updated based on the upgrade to NHS Pathways release 15.