

# NHS 111 online Terms of Use



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## Clarification of terms

The following terms are used throughout the document:

Term	Clarification/meaning
<b>Service, the service</b>	<a href="#">NHS 111 online</a> (aka 111 online)
<b>Service Provider/s</b>	Any trusts, out of hours GPs, primary care providers, 111 telephone providers and other organisations involved with the implementation, operation and interaction with local services presented by 111 online
<b>User/s</b>	Members of the public using 111 online to complete triages
<b>We, us, our</b>	NHS England
<b>You, your</b>	Organisational users, such as ICBs, that are using 111 online to offer commissioned services to public users

## Document purpose

This document sets out the terms that organisational users such as integrated care boards (ICBs) responsible for commissioning the services to be offered to users via 111 online must comply with and procure that local service providers in their area comply with, in order that users can access local services via referral in the relevant area.

NHS England may amend these terms from time to time, and its provisions shall apply with immediate effect.

## Document maintenance

These Terms of Use were created and will be maintained by the 111 online product team, as part of the Help For Your Symptoms programme.

## Issues and queries

Please contact the 111 online team at [nhs111online@nhs.net](mailto:nhs111online@nhs.net)

The latest version of this document and further resources/information can be found on the 111 online microsite: <https://111online.github.io/nhs111-resources/111online/>

## Version history

Version	Release date	Summary of changes
v0.1 draft	01/10/2024	New document
v1.0	13/02/2025	Comments from legal and NHS 111 online clinical leads incorporated
v1.1	03/03/2025	Comments from Head of Product incorporated
v1.2	26/03/2025	Comments reconciled: version for LSB and first publication

## 1. Overview of the service and how it works

NHS 111 online is a digital service provided by NHS England, also referred to as “**we**” and “**us**”. It is based upon NHS Pathways clinical algorithms and complements the existing national 111 telephone service. The service is available everywhere in England, though some areas offer more links into local care settings than others.

NHS 111 online uses the suite of [NHS Pathways](#) algorithms to allow users to complete an online triage and be referred on to the most appropriate NHS care service or to receive self-care advice. The clinical content on the service follows all the same rigorous clinical governance and clinical assurance as well as the content for the NHS 111 voice channel. The content is reworded or amended for the online channel, to enable an unassisted triage.

A typical user journey resulting in a disposition requiring direction to an appropriate NHS care service can be summarised as follows:

- The user accesses NHS 111 online (this could be anonymously via a web browser, or via the logged-in experience through the NHS app).
- The user navigates through the 111 online service according to their needs.
- If applicable, NHS 111 online conducts a search on the national Directory of Services (DoS) [Directory of Services \(DoS\) - NHS England Digital](#).
- DoS returns services relevant to the given user’s needs and NHS 111 online presents these services to the user:
  - The user may be given the option to electronically pass their demographic information and their triage outcome to the service returned from DoS, to request a call-back or to notify a service of their intention to attend (for example in the case of pharmacies for urgent repeat medications or minor illness).
  - Dispositions recommending that a user:
    - calls an ambulance
    - presents to a service (e.g. attends ED, visits a pharmacy)
    - makes an appointment with their own GP
    - undertakes self-care

are reliant on the user taking the next step and are not tracked/followed up by the NHS 111 online service.

## 2. Conditions of use

By profiling services for 111 online on the DoS, you agree that all Service Providers procured to fulfil these services shall comply with these terms of use.

You shall use NHS 111 online and any of the systems, functionality and/or data of NHS England, or facilitated by NHS England, only for their intended purposes and lawful purposes and within any fair usage policies, and you shall not use any of such systems, functionality and/or data in a way that could damage, disable, overburden, impair or compromise any systems or security or interfere with other users.

### 2.1 Public user identification

#### 2.1.1 Web (non-NHS App) access

NHS 111 online collects information as provided by users and does not undertake identity verification. The service does undertake a personal demographics service (PDS) search with the demographic information provided, however:

- i) this does not verify who the actual user is or whether they have used another person's details; and
- ii) if the search fails to return a match the referral is still passed to relevant Service Providers so that access to care is not limited.

NHS 111 online collects some additional audit data, including the IP address associated with a particular journey, but in most cases this cannot be conclusively linked to a specific individual and is not included in the dataset shared with local providers.

#### 2.1.2 NHS App access

Users can access NHS 111 online from the NHS App, which pre-populates user information for electronic referral if permission is granted by the user during the triage.

Logged in users can opt not to use their stored information and enter different details. In this scenario, the journey would effectively be the same as an anonymous user.

111 online does not use the information of App users if permission is not specifically granted during the journey.

### 2.2 Malicious use/misuse of NHS 111 online by public users

Service Providers should already have local procedures in place to handle suspected public misuse of NHS services, whether via digital routes (such as NHS 111 online) or other routes. We advise that you report any suspected misuse or malicious use to the police. NHS

England and NHS 111 online cannot accept responsibility for public misuse or consequences of public misuse occurring at the local level.

### 2.3 Misuse of NHS 111 online by professionals

111 online is intended for direct, unsupported, remote use by members of the public. You are not permitted to use or promote or support use by others of NHS 111 online for any other purpose, including 'web-walking' (professionals using 111 online to walk users through a triage either over the phone or in person).

### 2.4 Costs and liabilities

Each party is responsible for funding its own costs under this policy.

Save for any liability for which may not be limited under any applicable law no party shall be responsible for any loss, damage, costs or expenses incurred by any other party, whether direct or indirect associated with this policy or any use of NHS 111 online.

### 2.5 Compliance with terms of use

We shall be entitled (acting reasonably) to request evidence from you regarding your compliance with these terms, and you shall cooperate to maintain compliance. We may request such evidence no more than annually except where there is a reasonable likelihood that non-compliance has occurred or will occur. We shall be entitled to retain any evidence or supplemental documents provided in accordance with these conditions of use for as long as required.

## 3. Service changes and outages

### 3.1 Service STOP

NHS England may, for technical, operational or clinical safety reasons take NHS 111 online offline at any time (in accordance with the STOP criteria set out elsewhere in this document) and direct all users to the 111 telephone service. This will occur as a last resort only if a serious clinical concern is found.

### 3.2 Service changes (central)

NHS England may, as appropriate, update, amend, replace or repair NHS 111 online from time to time. Changes to NHS Pathways clinical content will align to the NHS Pathways release process, other functionality or content changes will be determined by the NHS 111 online team. Notable service changes are usually communicated via the fortnightly Show and Tell meeting (open to all, email [nhs111online@nhs.net](mailto:nhs111online@nhs.net) to be added to the invite) and –



where changes are more in-depth or require specific actions these are communicated directly to regional DoS leads by the NHS 111 online team.

### 3.3 Service changes (local)

Occasionally Service Providers will need to disable referrals from NHS 111 online temporarily. For example, during an upgrade to patient management systems. In most cases, this can be achieved locally by turning off the DoS profiles linked to ITK services. Users will be directed to other local services instead, as profiled on the DoS, or instructed to ring 111.

### 3.4 Urgent issues out of hours

Commissioners and Service Providers should agree how to make urgent changes to the DoS profiles used to send cases to NHS 111 online. Occasionally this may need undertaking urgently during the out-of-hours period. These processes should be part of every Service Provider's standard operating procedures.

NHS 111 online may, in exceptional circumstances and where no local support is available out of hours, take steps to prevent individual DoS profiles from returning and offering callbacks to users where the endpoint is known to be failing consistently. Profiles will be returned to open status once the issue has been resolved and testing has been completed.

In more complex circumstances, Service Providers should contact the National Service Desk (0300 303 5035, [ssd.nationalservicedesk@nhs.net](mailto:ssd.nationalservicedesk@nhs.net)) so the team can make accommodation in advance.

### 3.5 Technical failure responsibilities

In the event of technical failures resulting in NHS 111 online becoming partially or fully unavailable, NHS England will:

1. Inform Service Providers and commissioners
2. attempt to transition to disaster recovery site (back-up site)
3. place a holding message on screen at the front-end advising users to call 111
4. request that the national IVR message directing users to 111 online be removed from local 111 services (if the outage lasts more than 1 hour)

If a local NHS 111, clinical assessment or other service fails and is unable to accept user referrals the Service Provider shall:

1. follow expected steps as per local operating procedures
2. alert the NHS 111 online team of the issue and seek technical advice
3. take no action to suspend online service unless identified by commissioners or NHS 111 online team

## 4. Service management

Each NHS England region shall have a named service owner for NHS 111 online:

- North East and Yorkshire
- North West
- Midlands and East of England
- London
- South West
- South East

This person will coordinate the implementation of service improvements, troubleshoot issues, or undertake service changes. They will act as liaison when issues arise locally or nationally. Named clinical leads, DoS leads, operational leads and comms leads will also help NHS England bring issues directly to local experts as they arise.

NHS 111 online has a 24/365 service desk for logging issues and problems with the service. This is supported in hours and out of hours by both the technical and clinical teams at NHS England via the National Service Desk (0300 303 5035, [ssd.nationalservicedesk@nhs.net](mailto:ssd.nationalservicedesk@nhs.net)).

Refer to the Operational STOP Criteria section for further detail on actions to be taken in the event of NHS 111 online or Service Provider system failure.

## 5. Monitoring, incident management and clinical issues

Clinical accountability for NHS 111 online sits with NHS England up to such point in time as a user's submission of contact details triggers a message requesting a call back to be sent to a Service Provider's system. When this message is received and accepted by the relevant Service Provider, clinical accountability for the individual concerned passes to the Service Provider (via the arrangements in place between the commissioner and Service Provider). NHS 111 online contains processes and communications to individual users to highlight

individuals' responsibility to provide correct information and follow dispositions given, and where possible, to mitigate associated risks.

You shall, and shall procure that all Service Providers shall:

- i) monitor use of NHS 111 online and uptake of services offered via NHS 111 online in their area; and
- ii) report to NHS England, and co-operate with investigations and resolution of, incidents whether they are technical, operational, security or clinical safety related, which relate to NHS 111 online.

Accordingly, you shall and shall procure that Service Providers establish Standard Operating Procedures for the:

- Identification and local recording of issues relating to NHS 111 online within Service Provider's local incident reporting system
- Reporting of incidents to NHS England, compliant with the following requirements:
  - incidents scored as the highest risk based on local stratification, (where there is an immediate risk to health or life) and considered to be directly linked to use of NHS 111 online, should be immediately reported to NHS England by both telephone and written record.
  - any death referred to a Coroner of a person who was assessed and / or referred using NHS 111 online, where NHS 111 online may have been a causative factor or there may be implications or learning for NHS 111 online, should be reported to NHS England within five working days of becoming aware of the referral or incident (a 'Coroner Referral').
  - any serious untoward incident where: (i) there is actual threat to life, injury, a near miss or a formal complaint received; and ii) there is a perceived issue in the way that NHS 111 online has been utilised; and /or iii) a change to the NHS 111 online content is suggested should be reported to NHS England within five working days of becoming aware of the incident.
  - all incidents should be reported to the National Service Desk (0300 303 5035, [ssd.nationalservicedesk@nhs.net](mailto:ssd.nationalservicedesk@nhs.net)) and accompanied by an anonymised report (immediately or as soon as possible thereafter in accordance with timescales for addressing possible serious untoward incidents) and any outcomes known at the time of reporting.

- Sharing of complaints against NHS 111 online with NHS England:
  - NHS England will pick up complaints entered directly on NHS 111 online webpages via designated user feedback mechanisms.
  - Complaints submitted to Service Providers or commissioners by users who have used 111 online for any part of their triage journey and which might require NHS England's help to assist in tracing the online interaction (date, time, clinical complaint, outcome, etc.) should pass the complaint to NHS England via the National Service Desk (0300 303 5035, [ssd.nationalservicedesk@nhs.net](mailto:ssd.nationalservicedesk@nhs.net)).
- Education of staff regarding management of issues arising involving the use of 111 online.

Any issues identified by NHS England will also be logged with the National Service Desk to maintain the governance audit trail, and the clinical safety team will be informed.

NHS England shall operate, and you shall, and shall procure that Service Providers contribute to the following review process:

- A multidisciplinary NHS England NHS 111 online team will investigate issues and incidents that are submitted. This team will agree an investigation plan, if necessary, which will be conveyed back to the reporting organisation, and estimate a time frame for resolution based on the information available.
- Any critical incidents will be escalated to the senior clinical team member and reviewed against the STOP criteria. Following an incident, locally affected Service Providers, Commissioners and NHS England shall consult and a decision may be taken to stop the service in a specified region or nationally or to continue operations subject to certain conditions or time-defined review.
- Escalation to the Senior Clinical Team within NHS England (including NHS Pathways) and the Clinical Reference Group within NHS England will occur for:
  - [StEIS](#) (Strategic Executive Information System) reportable incidents
  - Coroner's referrals
  - [SUI](#) (Serious Untoward Incidents) investigations
  - Press enquiries

- NHS England may, upon review, request further information in relation to any incident or Coroner's referral, which you or Service Providers shall provide.
- A resolution time frame will be agreed and communicated for issues raised dependent on the investigation outcomes and work involved in the resolution in line with the [NHS Complaints Policy, July 2016](#).
- All identified and reported issues will be reviewed at the regular risk management meetings between Service Providers, Commissioners and NHS England; preferably linked to local governance meetings already in place.

## 6. Clinical Governance

Clinical governance is defined by the Department of Health & Social Care publication 'A First-Class Service' as:

A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

The NHS Pathways telephone triage system is a clinical decision support system (CDSS) which supports the remote assessment of callers to urgent and emergency services. It also underpins the NHS 111 online product.

NHS Pathways is owned by the Department for Health and Social Care and delivered by NHS England. NHS Pathways is maintained by a team within NHS England, including clinical authoring by registered, licensed practitioners.

The NHS 111 online triage tool is based on NHS Pathways. The clinical governance related to the NHS Pathways triage is maintained by the clinical authoring team within NHS Pathways. They work collaboratively with the clinical team in NHS 111 Online to ensure clinical integrity of the content.

### 6.1 NCAG (National Clinical Assurance Group)

To ensure that the clinical content within NHS Pathways remains relevant and in line with the latest guidance, NHS England works with the Academy of Medical Royal Colleges to provide assurance of clinical safety for the clinical content. The Academy, through its member organisations and other professional medical bodies, has established an independent National Clinical Assurance Group (NCAG) to support this process.

The NCAG consists of Clinical Subject Matter Experts (SMEs) who represent either their Medical Royal Colleges/Faculties or other Professional Medical Bodies. NCAG members are

engaged by their associated College/Faculty/Profession medical membership body to represent their specialty and to provide expert guidance based on their expertise, experience and the latest related standards/guidance.

## 6.2 Our responsibilities

NHS England is responsible for:

- Ensuring that a clinical team is responsible for the 111 online product releases with a named Clinical Safety Officer
- Ensuring compliance with DCB standards (DCB0129 and DCB0160 where appropriate)
- Ensuring compliance with Medical Device legislation
- Working with the NHS England Clinical Safety Team to ensure product developments have the necessary Clinical Authority to Release (CATR)
- Monitoring of data and performance metrics (including usage, user satisfaction, outcomes reached).
- Collation and sharing of metrics
- Operation of incident management process (detailed above)
- Notification of changes to Users
- Establishment of regular risk management meetings (including end-to-end reviews) involving all partners to align with local regular governance meetings for the telephone 111 service
- Agreement of STOP criteria for specified clinical, operational and technical issues arising (see the **Service STOP Criteria** section of this document).

The service has achieved Clinical Authority to Release (CATR) from NHS England Clinical Safety Team (DCB0129) and produced a Clinical Safety Case Report. This is updated as new functionality is added.

### 6.2.1 Exclusions

111 online **does not** validate answers provided to triage questions. However, content is designed to assist and guide users to provide accurate answers.

Outside of any validation offered by the NHS App logged-in route, 111 online **does not** validate **any** personal details provided and as such supports the submission of personal details even when not PDS matched.

111 online **does not** validate whether a user is in the local area for the service selected, or that they are in England. However, content is designed to inform the user of the eligibility for services, including needing to be in England at the time of the referral.

### 6.3 Your responsibilities

You shall, and shall procure that Service Providers shall:

- formally approve the clinical governance arrangements for deployment;
- Identify clinical leadership within each organisation responsible for;
  - ensuring care of patients transferred via 111 online is embedded in local governance arrangements; and
  - undertaking local testing;
- Report incidents to NHS England as described above;
- Review 111 online at local governance and risk meetings and feedback to NHS England any issues;
- Educate local staff about the service and establish a Standard Operating Procedure (SOP) for the identification and handling of call-backs generated by 111 online;
- Establish a local SOP for the identification and management of 111 online cases:
  - That do not receive a call back within the recommended disposition timeframe;
  - That are not contactable on the given number sent through in the electronic message;
  - That require transfer to daytime services at the end of the OOH period;
  - That arrive at shoulder times of service operations such that clear responsibilities are established for management to maintain patient safety;

- That arrive with 999 or ED dispositions and are then validated according to locally agreed processes that follow national/central guidance and mandates;
  - That are received by services who deem the user to be outside of their catchment area.
- Agree to the STOP criteria and processes listed in the **Service STOP Criteria** section of this document;
- Review SOP at regular intervals and before any change in service provider or implementation of new functionality;



## 7. Reporting and analytics

The NHS England NHS 111 online team provides regional resources with free access to a [national data portal](#). The portal provides Power BI dashboards and bulk download capability for user activity data broken down into various reports which can be filtered by region.

Access to this portal for new users can be obtained by requesting an account here:

<https://dataportal.111.nhs.uk/Account/Register>

Each report is presented with a guidance page explaining its purpose and giving some explanation on the data contained within.

## 8. Information governance

The expression “Data Protection Laws” shall mean “the applicable legislation protecting the fundamental rights and freedoms of individuals, in respect of their right to privacy and the processing of their personal data, as amended from time to time, including the Data Protection Act 2018, the UK General Data Protection Regulation and the Privacy and Electronic Communications Regulations 2003, together with decisions, guidelines, guidance notes and codes of practice issued from time to time by courts, data protection authorities and other applicable Government authorities” and the expressions “Personal Data”, “processed”, “process”, “Processor” and “Controller” shall have the meanings given to them in the Data Protection Laws.

Personal Data may be collected by NHS England and Service Providers at various points throughout the use of NHS 111 online by a User, with each acting as a Controller. NHS England has a lawful basis to establish and operate the NHS 111 online Information System under a Direction from the Secretary of State ([NHS 111 pathways Directions 2017 - NHS England Digital](#)). Personal Data will be collected, stored and handled by NHS England in compliance with the Data Protection Laws and used for service delivery, service improvement, statistical analysis and audit purposes. Personal Data is stored in a secure, encrypted database by NHS England.

You shall, and shall procure that Service Providers, collect, store and handle Personal Data in compliance with the Data Protection Laws.

Personal Data collected as a user accesses NHS 111 online will be shared as necessary to create and transfer the ITK messages, but otherwise will not be shared beyond NHS England. Aggregated, non-identifiable data will be available for use to understand patient journeys and the impact on local services.

Data handling at the receiving site is the responsibility of the Local Service Provider.

NHS England shall:

- be responsible for the privacy notice on the NHS 111 online site, and shall ensure that this requests data subjects to contact NHS England in relation to use of the NHS 111 online site;
- be responsible for responding to communications from, and discharging responsibilities to, data subjects (as defined in the Data Protection Laws) in respect of the use of the NHS 111 online site;
- ensure relevant documents relating to the management of information through NHS 111 online are available for review by Service Providers including: Privacy notice, Data Protection Impact Assessment, site Terms and Conditions.

You shall, and shall procure that Service Providers shall:

- ensure the local privacy notices on your sites and Service Provider's sites give sufficient details about the NHS 111 online service;
- be responsible for responding to communications from, and discharging responsibilities to, data subjects (as defined in the Data Protection Laws) in respect of any care or communications subsequent to use of the NHS 111 online site; and
- Ensure that a summary of the data flows through online service are reviewed and approved by local Caldicott Guardians.
- seek all necessary consents and authorisations and execute and comply with such additional data sharing agreements and/or data processing agreements necessary to enable the data to be transferred and further processed for the purposes identified in these terms;
- execute and comply with such additional data sharing agreements and/or data processing agreements as may become required due to any changes to NHS 111 online or this policy.

It is expected that the following data shall be collected and, as applicable, shared:

Data Category	Data Type	Collected By	Possible organisations the data and any derivatives from it may be shared with	Possible processing and uses of the data
A	Individual messages based on information inputted by users and including name and contact information as volunteered by users requesting a clinical call back (where contact details are packaged together with the triage information, encrypted and transferred to the receiving Service Provider for the purposes of direct patient care.)	NHS England	From NHS England to individual Service Providers	Provision of healthcare
B	Aggregated and anonymised information inputted by users	NHS England	From NHS England to: <ul style="list-style-type: none"> <li>• Department of Health;</li> <li>• NHS Commissioners;</li> <li>• Sub-Integrated Care Boards;</li> <li>• National Clinical Assurance Group;</li> <li>• Digital Urgent and Emergency Care Board;</li> <li>• Service Providers.</li> </ul>	Product improvements, statistical analysis

Data Category	Data Type	Collected By	Possible organisations the data and any derivatives from it may be shared with	Possible processing and uses of the data
C	<p>Data collated and submitted as a result of:</p> <ul style="list-style-type: none"> <li>any investigations associated with NHS 111 online use;</li> <li>Reporting of issues, clinical incidents and coroner's referrals in accordance with the requirements of section 5;</li> <li>User feedback and survey results;</li> <li>Complaints made by users.</li> </ul>	Commissioners, Service Provider and NHS England	<ul style="list-style-type: none"> <li>Between Commissioners, Service Provider and NHS England</li> <li>From Commissioners, Service Provider and/or NHS England to anybody involved in related legal proceedings</li> <li>Possible sharing with National Clinical Assurance Group if appropriate to the resolution of a particular on-going issue.</li> </ul>	Product improvements, statistical analysis, audit, legal proceedings

Data Category	Data Type	Collected By	Possible organisations the data and any derivatives from it may be shared with	Possible processing and uses of the data
D	<p>Documentary records and notifications for statutory purposes:</p> <ul style="list-style-type: none"> <li>Freedom of Information requests for information;</li> <li>Data Protection legislation requirements, e.g. subject access requests;</li> </ul>	Commissioners, Service Provider and NHS England	<ul style="list-style-type: none"> <li>Between Commissioners, Service Provider and NHS England</li> <li>Otherwise generally not shared, except where required by external regulatory bodies, required by law or as set out elsewhere in this agreement.</li> <li>Freedom of Information requests will be shared with anyone who has a valid FOI request, subject to the conditions in the FOI Act</li> <li>Subject access requests will be shared with the data subject</li> </ul>	<ul style="list-style-type: none"> <li>Compliance with legislation</li> </ul>

## 9. Intellectual property and license

All intellectual property rights created, developed or subsisting (whether now or in the future) in 111 online are and will be either: (i) the absolute property of, and will vest and remain vested in NHS England; or (ii) licensed to NHS England on terms sufficient to enable NHS England to comply with its obligations under these terms.

We do not envisage that any completion of, or feedback on content provided by you will have any proprietary rights therein. However, to the extent that you do develop any materials or other contributions which are provided to NHS England and incorporated into NHS 111 online which does contain proprietary material which is not covered by crown copyright, you hereby grant NHS England a perpetual, irrevocable, transferable, royalty free, non-exclusive licence to use such materials/contributions, including but not limited to, the sub-licensing of such materials to third parties.

You shall not reverse engineer, disassemble, decompile, recompile, adapt or modify any part of NHS 111 online or attempt to do so except to the extent permitted by these terms or law.

## 10. General

These terms constitute the entire agreement between the parties and supersede and extinguish all previous agreements, promises, assurances, warranties, representations and understandings between them, whether written or oral, relating to its subject matter.

These terms shall not constitute or imply any partnership, joint venture, agency, fiduciary relationship or other relationship between the parties other than the contractual relationship expressly provided for in these terms. Neither party shall have, nor represent that it has, any authority to make any commitments on the other party's behalf.

These terms shall be governed by the laws of England and Wales.

In the event of any dispute arising between the parties in connection with these terms which cannot be resolved by good faith negotiations between the parties' immediate contract representatives, the resolution of the dispute shall be escalated to senior management level within fourteen (14) days of a written request from either party to the other. If the dispute is not resolved within thirty (30) days then, if subject to section 9 of the National Health Service Act 2006 either party may refer the matter to the Secretary of State or its authorised representatives (at the Secretary of State's election) for determination, or otherwise the exclusive jurisdiction of the courts of England shall apply to any dispute arising out of or in connection with these terms.

## 11. Service STOP criteria

Duty executive, clinical and operational leads from relevant stakeholders (NHS England and affected Commissioners and Service Providers) are to be involved in any decision to STOP the service. .

If STOP criteria are met, the duration of stoppage is to be agreed and RESTART criteria agreed by responsible leads during the next working day.

Should local operational demand become clinically unsafe, as assessed by commissioner and Service Provider operational leads, then NHS 111 online can be switched off, either locally or nationally, to help local services deal with other demand, following consultation with the duty team for NHS England.

Communication of the STOP decision to all sites with the NHS 111 online service in place will be through NHS England.

### 11.1 Clinical STOP criteria

Death or serious harm (permanent injury) identified and verified as being directly related to clinical content of product:

1. Original question algorithm or Pathway – NHS Pathways to investigate (with NCAG oversight)
2. Content translation for online service – NHS England to investigate (with NHSE CRG panel, NHS England executive input, NHS Pathways)
3. Content display error due to technical failure – NHS England to investigate (with NHSE CRG panel, NHS England executive input)

A decision will be made by the CRG Panel, NHS England and NCAG/Pathways team about duration of STOP period if criteria met.

### 11.2 Operational STOP criteria

Verified increase in demand to local services from **online referrals** causing significant deviation from usual operating parameters.

- 1) Significant increase in demand to single local service of 25% greater than usual operational model
  - a) Demand 25% higher than usual
  - b) Operational performance 25% worse than usual against KPI compared to previous data for this period
  - c) Consider amending disposition screens for this single service prior to implementing STOP protocol

- 2) Significant increase in demand to multiple services of 15% greater than usual operational model
  - a) Demand 15% higher than usual
  - b) Operational performance 15% worse than usual against KPI compared to previous data for this period
- 3) Needs to be clearly linked to online use:
  - a) Direct ITK referral rates verified and numbers matched with numerical increase in service demand
  - b) Operational performance decline linked directly to online referral message timings and dispositions
  - c) Ensure clinical staffing at established service provision levels to remove local clinical staffing issues

In making decisions about imposing STOP criteria, it should be noted that any suspension of the NHS 111 online service may result in a correlated increase in 111 telephony usage as users are forced from their usual digital channel to the telephone.

Rises in demand for advisory endpoints for example, 999 calls, ED attendances will be difficult to directly attribute to NHS 111 online service and will not be included in the STOP criteria. There currently isn't a mechanism in place for the NHS 111 online service to identify compliance rates for users of the NHS 111 online service.

### 11.3 Technical STOP criteria

Any technical issues that result in delays to reaching a disposition and thus present a potential clinical risk, such as delays in the patient journey, will be dealt with as below. This includes processes for both in and out of hours with relevant on-call support contact numbers

- 1) These will be identified internally or through the issues management process and will be reviewed by the NHS England issues review team.
- 2) Should these not be simply fixed by the development team then escalation to all stakeholder senior representatives will be made prior to reaching a STOP decision



The service will be able to be switched off within two hours of a STOP decision being reached by relevant parties. An error page will be presented to potential users with information about an error having occurred and the advice to call 111 should they require medical advice.

Promotional messages on the national telephony platform that direct 111 callers to visit NHS 111 online will be suspended in the affected areas until the site has been safely redeployed.

A summary of stop criteria for possible technical issues is given below:

Description of failure	Authorised by	Priority	Switch off?	rationale/notes
No results from DoS	111 Clinical Lead	High	No	Patients can still get a triage
ITK not sending (CPIS proxy down or other issue)	111 Clinical Lead/Operational	High	No	Patients can still get a triage
ITK being sent to incorrect place/queue	111 Clinical Lead/operational	High	Depends	If a system-wide problem, service should be switched off. If one provider, DoS endpoint should be disabled. ITKs can be turned off system-wide whilst the triage function remains in place
Incorrect pathways or questions incorrect	111 Clinical lead/operational lead	High	Yes	Clinical integrity of the service is questionable
Too many ITK calls going through for service to deal with in a clinically safe time frame	111 Clinical lead and local provider	Medium	No	If a SUB-ICB or provider is struggling with demand, it can be controlled via DoS or that service can be disabled.

Description of failure	Authorised by	Priority	Switch off?	rationale/notes
Security breach - access to confidential data detected	111 clinical / 111 operational lead	High	Yes	Site needs to be turned off whilst made secure
Infrastructure failure	111 operational	High	Depends	If a part of the infrastructure has failed and it impacts the journey, the service (across all hosted sites) should be switched off until the issue is resolved.