North West London
Integrated Urgent Care Service
Practice Plus Group
Suite South East A&B, 6-9 The Square,
Stockley Park, Uxbridge, Middlesex,
UB11 1FW
[redacted]

27th April 2023

Dear HMSC Mr Irvine,

I write further to the inquest touching the death of Thelma Houghton which concluded on 12th April 2023, and your subsequent email dated 13th April 2023.

During the course of the inquest you expressed your concern regarding the extent of the communication pathways that exist between professionals within and outside of the NHS 111 process.

These were as follows:

1. The absence of a facility in the Adastra computer system to allow advisors from different organisations to review notes made previously by a different organisation.

2. The inadequate pathway of communication between the 111 service and the patient's GP in this inquest.
    a. The 111 clinical advisor did not have a functioning smart card that would allow both; review of the patient's GP records and the ability to book a reserved appointment slot.
    b. The 111 clinical advisor made an email referral to the Maylands Surgery requiring a GP review to organise blood tests. The referral was not sent to the GP surgery as the practice had not agreed to accept email referrals. The fact that the email referral was unsuccessful was not communicated to the clinical advisor.
    c. The only route for communication between 111 and the GP were letters sent electronically. The letters were not streamed for urgency meaning that the GP could not discriminate those letters that provided a specific instruction for action and those that did not require action. In this case there was a seven day delay between the letter arriving at the surgery and it being considered by a GP.

As a preliminary point, it should be noted that the 111 service and the Clinical Assessment Service ("CAS") are two separate services. The 111 service is a front end service where calls are taken by Health Advisors (HA's) who are not clinically qualified. Health Advisors are supported by Clinical Advisors (paramedics and nurses). Both Health Advisors and Clinical Advisors are able to refer calls to a Clinical Assessment Service (CAS) which is staffed by Advanced Nurse Practitioners, Doctors and Pharmacists who can then manage the patient as clinically appropriate. Although Practice Plus Group ("PPG") hosts both services, they are separate services that comes under the Integrated Urgent Care service.

I will deal with each of your concerns in turn below.

1. **The absence of a facility in the Adastra computer system to allow advisors from different organisations to review notes made previously by a different organisation.**

When our NHS 111 service makes a referral to another provider, in the majority of cases this is sent via the Interoperability Toolkit ("ITK"), which allows the systems to communicate with each other. This means that all information from our NHS 111 service call is handed over to the provider receiving the referral. This includes the patient's answers to all questions and any free text the call handler chooses to input. This is a manual process and forms part of the referral process, with the referrer pressing submit to send the referral with all of the relevant information. We receive confirmation that the referral has been received, and an alert if it is not received.

We do however appreciate that not all calls result in a referral, some are closed with no need for onward referral, only for the patient to deteriorate and call back hours or days later. Unless the same service provider receives the call, the new call handler will not have access to the notes of the previous service provider.

The inability to access other 111 service provider's records is a wider issue than PPG, and lies with NHSE and in some circumstances Commissioners of the service who can mandate for example that all providers use the same platform. To our knowledge this is not currently available between any 111, CAS or out of hours services provider. This is due to the inability of different instances of Adastra and other systems to share information between organisations.

It is most likely the case that the same issues will apply to all 111 service providers across the country. This is an issue that is outside of PPG's control and therefore a PFD issued to PPG in this regard is unlikely to have the desired effect.

However, there are a number of safeguards in place that PPG utilise in order to minimise the risk. In the London region there are a number of service providers providing the 111 and urgent care service. When calls are made to the 111 service, they are generally passed to the provider with the lowest wait time.

However, there is an awareness that repeat callers should speak with the same service provider to ensure that the call handler has access to the notes of their recent call. There is a system put in place (in London only) via the Commissioners which looks to recognise a caller's number when they have called back. Even if the wait time is a little longer, the call should be directed to the previous service provider so that the call handler is aware of the earlier call. This telephony function serves to maintain continuity of care, it also assumes it works on the basis that they are calling from the same number and have not moved to another location or using a landline instead of the mobile number they originally called from.

In addition to the above regional system, PPG also have access to the National Repeat Caller Database (hosted by NHS Digital). When looking up a patient using an NHS smartcard, the user is connected to NHS Spine. At this point, the Adastra system will start to run checks on a number of databases looking for any additional information. These may include a summary care record, end of life record, child protection record, etc. If any of these exist or apply, it will be flagged to the clinician. One particular database that the Adastra system checks is the National Repeat Caller Database. This will flag to the Health Advisor or Clinical Advisor if the caller has made three or more calls in the previous 96 hours. If this is the case, the call handler will immediately reach the one hour 'speak to GP' disposition. The National Repeat Caller Database will flag three or more calls in 96 hours even if the calls were made to different service providers.

It should also be noted that clinicians have access to GP connect when logged into Adastra with a smartcard. Clinicians are advised that this should be done during all consultations where appropriate. It allows access to an abridged version of the GP records.

2. **The inadequate pathway of communication between the 111 service and the patient's GP in this inquest.**

    a. **The 111 clinical advisor did not have a functioning smart card that would allow both; review of the patient's GP records and the ability to book a reserved appointment slot.**

    All PPG clinical advisors, out of hours clinicians and clinical assessment service clinicians are expected to work with a functioning smartcard which is obtained during their onboarding process (and signed off by the local Medical Lead) , and they are unable to work within the Clinical Assessment Service fully without this. They are provided training on how to use the smartcard and the importance of working with a smartcard during induction.

    This allows access to patients' in-hours GP records, access to a system called PaCCS (if appropriate) and subsequently, the Directory of Service ("DoS") which enables clinicians to book patients into their own GP surgery for telephone consultations, arrange ambulances, and book timed arrival for A&E departments. Clinicians are also able to send electronic prescriptions to pharmacies with use of a smartcard. A monthly report is produced which details Summary Care Record use and is fed back to clinician's where needed.

    PPG clinicians require a functioning smartcard for the majority of clinical encounters, although not all, and they are trained on when they must ensure they use it. PPG carry out audits on a selection of clinician's calls, and via these audits we are able to monitor that smartcards are being used appropriately, and raise this with the clinician if not.

If a clinician started their shift and their smartcard was not working properly, clinicians are instructed to call the IT support helpdesk which is available 24/7 in order to resolve this issue. If they are working remotely then clinicians are expected to attend site to have their smartcard issue resolved, if it cannot be fixed remotely.

    b. **The 111 clinical advisor made an email referral to the Maylands Surgery requiring a GP review to organise blood tests. The referral was not sent to the GP surgery as the practice had not agreed to accept email referrals. The fact that the email referral was unsuccessful was not communicated to the clinical advisor.**

    A 111 call handler has a number of different ways of communication with a patient's in hours GP surgery, this is dictated by the receiving provider and the DoS instructions that they set out, rather than 111/CAS.
    Unless a patient refuses consent, every encounter within 111 and also the out of hours and CAS service is sent directly to the patient's own GP surgery via a Post Event Message. This includes details of the consultation but would not include a request for any follow up action. It is for awareness only. It should be noted that in circumstances where an onward referral is made to another PPG service, PPG suppress the 111 Post

Event Message and send both the 111 and urgent care Post Event Message after the referral has been dealt with.

Some GP surgeries allow access to their booking system, but most do not. Where a patient's in hour GP surgery has opened up availability on their consultation system, a 111 health advisor, clinical advisor or CAS clinician can use a system within Adastra called PaCCS and book a telephone appointment with the patient's own GP service.

Many GP surgeries do not have this facility. In this case, we would not include the follow up action within the PEM. Instead, we would advise the patient of the need to book an in hours appointment with their GP. In rare circumstances if there is a concern that the patient will struggle to do this, the call handler can call the GP surgery to arrange the appointment.

It should be noted that in the PPG 111 service, if a PEM fails to send to the GP, it does not alert the user. For this reason we have an administrative team who go through any failed PEMs and manually send them to ensure that they are received.

c. **The only route for communication between 111 and the GP were letters sent electronically. The letters were not streamed for urgency meaning that the GP could not discriminate those letters that provided a specific instruction for action and those that did not require action. In this case there was a seven day delay between the letter arriving at the surgery and it being considered by a GP.**

The London and Surrey CAS service has a safeguard system in place whereby a member of the PPG admin team will call the GP surgery to flag a patient's case to the GP if this is considered necessary to ensure that it is dealt with the level of urgency that is required.

In 111, there is no need to categorise the PEMs in order of urgency as they are sent for information only and do not require any action. It is the responsibility of the patient to book an appointment with the in hours GP if this is necessary, and the call handler will advise them accordingly.

In summary, while it is noted that the current system in relation to accessing other service provider's records is unsatisfactory, this is an issue outside of PPG's control, and safeguards are in place and utilised by PPG in order to minimise the risk. It is standard practice at PPG to ensure that all clinicians use functioning smartcards and understand the importance of this. They are aware of how to escalate any concerns in relation to their smartcard. Finally, PPG does not rely on a Post Event Message as a method of alerting GP surgeries of the need for action. Either an appointment is booked via the PaCCS system where possible or the patient is advised to contact their GP themselves. A CAS clinician will also ensure that a follow up call is made to the GP the next day to flag a patient's need if necessary, to ensure it is treated with the required level of urgency.

I'm hopeful that the above addresses your concerns, but should you have any further queries or require any further information, please do not hesitate to contact me.

Yours sincerel

[redacted]

[redacted] | London Medical Director | Plus Group - Integrated Urgent Healthcare