

29 September 2020

Dear Colleague,

Re: Transforming urgent and emergency care in London

I am writing to inform you about two key initiatives that are taking place to transform urgent and emergency care in London and make it easier and safer for patients to get the right treatment at the right time. You may already have heard about some of the work as part of the recent announcement by the Secretary of State for Health and Social Care.

With the Covid-19 infection rate increasing, it is vital that our Emergency Departments (ED/A&E) do not become overwhelmed and overcrowded.

The new initiatives – 111 First and a rapid expansion of Same Day Emergency Care (SDEC) services – focus on patients being referred to the most appropriate urgent or emergency service for their needs, helping them avoid waiting around to be seen. **If an ED/A&E is needed, an appointment can be booked via 111.**

By **contacting 111 first** – whether online or by phone – if they think they need to attend an ED/A&E for an urgent, but not serious or life-threatening medical need, patients will:

- Speak with a clinician earlier, and get the right treatment first time
- Have an urgent face-to-face assessment or treatment arranged there and then, without any further delay if they need it. Patients will know exactly where to go, and when. This will help to also reduce waiting times
- Avoid queues/crowding in ED/A&E waiting rooms, thereby significantly reducing the risk of coronavirus transmission

While it is part of national policy in the NHS, London's approach has been developed by a range of specialists including hospital consultants, GPs, nurses, paramedics, pharmacists, social workers, mental health specialists, NHS 111 teams, using local knowledge and expertise. This has included clinical leaders from North West London. This approach is similar to that being used across the rest of the country, but NHSE/I have also spoken with a number of people from across the capital to get their views and considered their feedback as part of the design process, ensuring the approach works for Londoners.

Emergency Department timeslots

In London, NHS 111 is already able to book appointments for patients at the majority of Urgent Treatment Centres (UTCs) and GPs, and this is being **expanded to include all London EDs (A&Es) by 1 December.**

- **Wave 1 goes live from 30 September and includes Chelsea and Westminster Hospital in North West London.** People contacting 111 that are local to five hospital sites in London (**Chelsea and Westminster, Royal London Hospital, North Middlesex Hospital, Queen Elizabeth Hospital Woolwich, Croydon**

University Hospital) and who are assessed as needing to attend an ED (A&E), will be advised where they need to go for treatment and a timeslot will be booked for them. Information about the patient will be transferred from 111 to the receiving ED, this will include whether the patient is on the National Shielded List enabling the ED reception to prepare for their arrival.

- **Wave 2 (live by 31 October) sites include Northwick Park, Ealing and West Middlesex Hospitals and several other London hospitals:** Newham Hospital, Whipps Cross Hospital, Homerton Hospital, St Thomas Hospital, Princess Royal University Hospital, Kings College Hospital (Denmark Hill), Barnet Hospital, Royal Free Hospital, Kingston Hospital, St Helier Hospital, St George's Hospital.
- **Wave 3 sites (live by 30 November) include Hillingdon, Charing Cross and St Mary's Hospitals and also include:** Queens Hospital (Romford), King George Hospital (Redbridge), University Hospital Lewisham, University College London, The Whittington Hospital.

Please note: If people do make their own way to EDs (A&E) or UTCs, **they will continue to be seen but those needing emergency treatment will be seen first.**

To support these initiatives and any increased pressure as we go into the winter period, capacity in the 111 service is being expanded significantly, with over £6million being invested in London 111 services to recruit extra staff. In total, 644 more staff, including **166 more doctors, nurses, pharmacists and paramedics**. This investment will support 111 provide a prompt and efficient service, responding to the majority of their calls in 60 seconds and ensuring very few callers abandon the call (less than 5%).

Currently **two in three people** who call 111 speak to a clinician, who oversee 111 calls, providing guidance and taking over the call if a patient has more complex needs. Parents calling 111 for their children are more likely to speak to a clinician, as well as callers with pre-existing health conditions. 111 clinicians have access to individual care plans, mental health crisis plans and lists of shielded patients, which means that they can deliver the best and most efficient care possible.

NHS 111 can make direct appointments at GP surgeries and Urgent Treatment Centres - as well as send an ambulance should the patient's condition be serious or life-threatening.

Callers in mental health crisis who call 111 are assessed with the same care as callers with physical symptoms. Once assessed, the call is transferred to local mental health crisis services to ensure callers receive timely specialist mental health support.

We shall be in touch again just before we launch a communications campaign to inform the public about these initiatives, but felt it was important to brief our local partners in the meantime. We are also engaging with key stakeholder groups – both regionally and at a local level – to ensure seldom-heard and disadvantaged groups are aware.

Implementation of 12 Same Day Emergency Care (SDEC) pathways

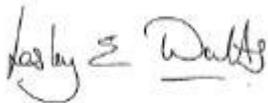
SDEC is the provision of same day care for emergency patients with certain conditions who would otherwise be admitted to hospital. Patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

For example, a child with chronic asthma will have access to the care they need without having to be admitted to a busy ward or sit in a waiting area with other sick people. They can then return home the same day, if clinically safe to do so.

In London, implementation of 12 SDEC pathways that make up 60% of SDEC activity are being accelerated with an immediate focus on high risk groups such as pregnant women with hyperemesis gravidarum and children with asthma. This means that wherever you are in London, the high-quality care will be the same.

I hope that this update is helpful and I am sure we will have the opportunity to discuss progress on both initiatives as they move forward.

Yours sincerely,

A handwritten signature in black ink that reads "Lesley Watts". The signature is written in a cursive style with a large initial 'L' and 'W'.

Lesley Watts

Chief Executive,
North West London Integrated Care System