

Overview of NHS 111's Crisis Advice Line Pilot in London – A Step towards NHS England's 5-Year Forward View for Mental Health

Why a pilot?

NHS 111 nationally is seeking to improve its management of calls about a mental health crisis. These calls are currently handled by a Health Adviser, using the NHS Pathways assessment algorithms, with the more complex calls referred to a Clinical Adviser who is not a mental health specialist. The calls frequently require a higher than average call handling time, and the majority end in signposting to a general service (GP or ED) – with no guarantee that the caller follows this advice. In addition, CCGs have identified suicide prevention and support – e.g. access to information about services to address the triggers of suicide, anxiety and depression – as a key need.

How will it be evaluated?

The hypothesis for this pilot is: 'Access to a specially designed 111-based crisis intervention improves the caller experience and outcome'. Due to the high-risk caller scenarios involved, we have secured a robust evaluation from an external academic organisation. Expected outcomes include: a better caller experience and outcomes, reductions in inappropriate referrals to an Emergency Department (conveyed by ambulance or walk-in) or admissions and an improved NHS 111 staff experience.

How will it work?

There will be an operational change at the end of the NHS Pathways assessment to refer appropriate callers to a registered mental health (RMN) nurse located in the call centre. The pilot will involve RMNs receiving specialist suicide intervention training, using an electronic directory of support services (e.g. debt counselling) to signpost the caller based on their specific situation, and making a follow-up call within 48 hours of the initial call.

The 8 CCGs in North Central and Inner North West London have commissioned the pilot. They share the same NHS 111 provider, LCW (London Central & West Unscheduled Care Collaborative).

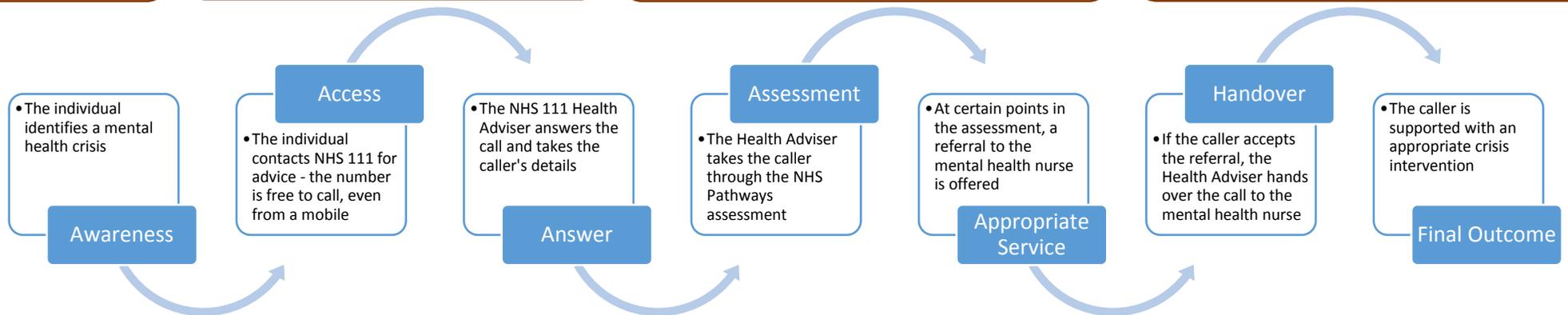
The pilot will operate 11am to 11pm, 7 days a week, for 5 months. There will be a 'soft' launch in March and a full launch in April.

AWARENESS: The pilot will not include the service being actively promoted to the public

ACCESS: Callers will contact NHS 111 as they do currently. The pilot will operate between 11am and 11pm each day – see the 'Appropriate Service' call stage

ASSESSMENT: The pilot involves no change to the current assessment algorithms, which first identify whether there is life-threatening situation, e.g. a suicide attempt, or an urgent medical need

HANDOVER: Urgent referrals will be via warm transfer, where the Health Adviser keeps the caller on the line until the call is put through. Less urgent referrals will be sent electronically to a dedicated queue for a call back



APPROPRIATE SERVICE: The MH intervention will depend on the nature of the call and NHS Pathways assessment:

- For callers with a means and a plan to commit suicide, NHS 111 currently dispatches an emergency ambulance. These callers will be 'warm transferred' to a MH nurse until the ambulance arrives.
- For callers who feel suicidal but do not have means and a plan, NHS 111 currently signposts them to ED. These callers will be 'warm transferred' to a MH nurse for further assessment and possible signposting to support services, or onward referral.
- For callers with non-urgent symptoms such as depression and anxiety, NHS 111 currently signposts them to their GP or GP OOH. These callers will be referred to the MH nurse queue for a call back to assess them further and signpost them to support services.

FINAL OUTCOME: The caller is offered support, advice, referral (or signposting) to an appropriate service and a follow-up call within 48 hours where appropriate

What's next? The evaluation will inform the potential for a London-wide Crisis Advice Line (and possibly a national roll-out), as well as the future design of Integrated Urgent Care services and the future development of the NHS Pathways assessment algorithms and the Directory of Services.