

NHS 111 Clinical Assessment Services: paediatric consultations

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ABSTRACT

Around the UK, commissioners have different models for delivering NHS 111, General Practice (GP) out-of-hours and urgent care services, focusing on telephony to help deliver urgent and emergency care. During the (early phases of the) COVID-19 pandemic, NHS 111 experienced an unprecedented volume of calls. At any time, 25%–30% of calls relate to children and young people (CYP). In response, the CYP's Transformation and Integrated Urgent Care teams at NHS England and NHS Improvement (NHSE/I) assisted in redeploying volunteer paediatricians into the integrated urgent care NHS 111 Clinical Assessment Services (CAS), taking calls about CYP. From this work, key stakeholders developed a paediatric 111 consultation framework, as well as learning outcomes, key capabilities and illustrations mapped against the Royal College of Paediatrics and Child Health (RCPCH) Progress curriculum domains, to aid paediatricians in training to undertake NHS 111 activities. These learning outcomes and key capabilities have been endorsed by the RCPCH Curriculum Review Group and are recommended to form part of the integrated urgent care service specification and workforce blueprint to improve outcomes for CYP.

BACKGROUND

Integrated urgent care (IUC) Clinical Assessment Services (CAS) are clinician-delivered services aimed at providing care closer to home, as well as helping to tackle the increasing demand on urgent care services (primary and hospital) and decreasing emergency department attendance and subsequent admissions. IUC CAS incorporates NHS 111 and out-of-hours services; the 2017 IUC service specification outlined the steps required to transform services from an 'assess and refer' to a 'consult and complete' model of service delivery,¹ hence the development of the IUC CAS. IUC is commissioned on a local basis and is provided by different organisational types, including National Health Service (NHS) trusts, social enterprises and private companies. Subsequently there are variations in the way this nationally specified service has been applied.

Opportunities to improve clinical outcomes and the experiences of children and young people (CYP) presenting to urgent care are numerous. The global COVID-19 pandemic presented the opportunity for NHS England and NHS Improvement (NHSE/I) CYP and Urgent and Emergency Care (UEC) to pilot and evaluate

the integration of paediatric expertise into NHS 111's CAS.

Context

During the COVID-19 pandemic, NHS 111 experienced an unprecedented volume of calls. At any time, 25%–30% of calls relate to CYP.² As a result of the government's shielding guidance, some front-line paediatric clinicians (doctors and advanced nurse practitioners) were advised to step back from face-to-face clinical work. In parallel, NHSE/I's 'Bring Back Staff' campaign³ identified retired paediatric clinicians who were willing to return to the NHS to assist national efforts in managing COVID-19 demands on the NHS.

The Royal College of Paediatrics and Child Health's (RCPCH) 'call' to paediatric clinicians identified a cohort of volunteers. The CYP and UEC teams at NHSE/I helped to re/deploy these clinicians into the IUC CAS to assist with the management of calls related to CYP. The results of this pilot, its impact on patient flows, satisfaction and experiences of volunteer paediatric clinicians are reported in a parallel paper.

Aims

There are unique challenges in working with NHS 111. Identifying these, in turn, led to the development of learning outcomes and key capabilities required to assist paediatric trainees joining NHS 111. These will help optimise future paediatric-led 111 consultations so that they address the needs of children more effectively.

METHODS

Representatives from the paediatric NHS 111 pilot cohort, general practice, the CYP and the UEC teams at NHSE/I and RCPCH Education initially evaluated difficulties that might be encountered in undertaking remote assessment by NHS 111.

This group was then able to develop learning outcomes and key capabilities to guide paediatric clinicians in managing their 111 consultations. These were mapped to the RCPCH's Progress curriculum domains.⁴ Illustrations of what the key capabilities could look like in practice were identified and potential modes of assessment of the capabilities are noted (table 1). The learning outcomes, key capabilities, illustration, assessment modes and framework for consultations



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Table 1 Key capabilities for consultations regarding management of CYP in the IUC CAS, mapped to the RCPCH Progress curriculum for paediatricians in training

| RCPCH Progress domain/s | Learning outcome | Key capabilities | Illustrations | Examples of assessment |
|--|--|--|---|--|
| Professional values, behaviour and knowledge | To conduct an effective and safe consultation for CYP in NHS 111. | <ul style="list-style-type: none"> ▶ Takes practical steps to ensure privacy during a remote consultation. ▶ Navigates the NHS 111 software confidently. ▶ Reviews all available information, noting and taking account of any conflicting, confounding or unusual aspects. ▶ Recognises accurately and promptly the differentiating features of commonly occurring conditions presenting in unwell CYP. ▶ Forms an accurate and justifiable identification of the nature and severity of the child/young person's condition, likely causes of the individual's health problems, implications of pre-existing and other medical problems, prognosis and related needs. ▶ Uses the NHS 111 telephony system/s and video links (where available). ▶ Accesses and navigates the Directory of Services. | <ul style="list-style-type: none"> ▶ Accesses the paediatric CAS queue or identifies paediatric patients requiring a call back. ▶ Recognises the acuity/priority rating of a case. ▶ Reviews patients' General Practitioner (GP) records, where available. ▶ Reviews patients' outpatient/secondary care records, where available. ▶ Reviews patients' previous 111 consultation records, where available. ▶ Calls a patient, confirming two patient identifiers and, where required, the caller's relationship to the patient before proceeding with consultation. ▶ Takes the clinical history and documents this in the appropriate place in the patient's 111 records. ▶ Performs a remote examination which may include observing the child undertake different activities, or looking at a rash, via a video link (if available). ▶ Maintains full, accurate and legible records. ▶ Seeks guidance from colleagues regarding complex cases, if/when required. ▶ Identifies and makes use of relevant research and findings from evidence-based practice to inform interpretation. ▶ Balances any additional or unusual aspects of the child's or young person's presenting features against their overall presentation. ▶ Locks cases, seeks advice and arranges to phone the patient back where there are uncertainties. | <ul style="list-style-type: none"> ▶ Mini-CEX*. ▶ CBD†. ▶ DOCT‡. ▶ Reflection. |
| Professional skills: communication | To communicate effectively with CYP or carers during an NHS 111 consultation. | <ul style="list-style-type: none"> ▶ Obtains a complete and accurate history of the presenting child or young person. ▶ Adapts approach for families with difficulty accepting advice or accessing NHS systems. ▶ Accurately and promptly identifies the additional information needed to make a differential diagnosis. ▶ Communicates an appropriate plan. ▶ Provides appropriate safety netting advice. | <ul style="list-style-type: none"> ▶ Introduces self, explaining own role. ▶ Explains what the consultation will involve. ▶ Addresses the patient's and/or the parent's/carer's ideas, concerns and expectations. ▶ Confirms the presence/absence of red flags—relevant to the presenting complaint. ▶ Advises the child or young person and/or parents/carers of the diagnosis/possible diagnoses at the earliest opportunity and in a sensitive manner. ▶ Confirms the caller's understanding of the management plan. ▶ Works with family and other professionals to understand and resolve any difficulties CYP or family may have in following advice. ▶ Sets out safety net advice and signposts to appropriate resources, where indicated. ▶ Uses a professional interpreter appropriately. ▶ Provides opportunities for the child or young person and/or carers to ask questions and develop their understanding of the diagnosis/possible diagnoses. ▶ Manages emotional sensitivities appropriately, including anxiety, anger and fear. ▶ Signposts to appropriate self-care resources. | <ul style="list-style-type: none"> ▶ Mini-CEX*. ▶ CBD†. ▶ DOCT‡. ▶ Reflection. |
| Professional skills: patient management | To make an appropriate and safe management plan for NHS 111 CYP. | <ul style="list-style-type: none"> ▶ Uses all available information to develop a differential diagnosis which is justifiable given the information available at the time and likely to result in the optimum outcome for the child/young person. ▶ Synthesises available information and formulates an appropriate management plan that can be communicated over the phone. ▶ Follows appropriate procedures and protocols to arrange for any investigations or observations needed. ▶ Re-evaluates initial diagnosis in light of emerging symptoms/signs. | <ul style="list-style-type: none"> ▶ Combines information from history and previous notes with objective assessments of current status. ▶ Notes current observations from family, both volunteered and obtained by direct questioning. ▶ Makes own observations of sounds from child and family heard on the call. ▶ Uses video inspection of child and surroundings when available and appropriate. ▶ Uses this information in full clinical assessment. ▶ Selects the appropriate disposition to code the patient's end pathway correctly, where this is possible. ▶ Documents the management plan and appropriate disposition on the patient's records. ▶ Arranges an ambulance callout, when required. ▶ Advises on which emergency departments are closest/most appropriate for the patient to attend. ▶ Advises on which out-of-hours GP or other service they may attend, including providing practical information, for example, about opening hours. ▶ Books a patient directly into an out-of-hours GP appointment using the direct appointment booking system, where available. ▶ Books a patient directly into an emergency department slot, where available. ▶ Checks that carers know how to get to the chosen facility. ▶ Initiates symptomatic treatment at the earliest opportunity, in line with national, local and organisational guidelines and protocols. ▶ Initiates action to provide the best possible outcome for CYP. | <ul style="list-style-type: none"> ▶ Mini-CEX*. ▶ CBD†. ▶ ACAT‡. ▶ Reflection. |
| Health promotion and illness prevention | To identify and use opportunities to promote healthy behaviour through the NHS 111 consultation. | <ul style="list-style-type: none"> ▶ Considers the impact of social factors on health. ▶ Increases the family's confidence to manage minor illnesses at home. ▶ Screens for potential mental health and social difficulties. | <ul style="list-style-type: none"> ▶ Provides sensitive advice about common problems of infancy. ▶ Provides smoking cessation advice, if appropriate. ▶ Enquires about weight and signposts to local weight management resources. ▶ Signposts to appropriate self-care resources. ▶ Advises to see GP for/or access psychological services, if required. <p><i>Note:</i> There may not always be sufficient time to explore these in an acute consultation so this must be done based on sound clinical and professional judgement.</p> | <ul style="list-style-type: none"> ▶ Mini-CEX*. ▶ CBD†. ▶ Reflection. |
| Leadership and team working | To manage the team effectively during an NHS 111 shift to ensure optimum outcomes for CYP. | <ul style="list-style-type: none"> ▶ Demonstrates awareness of other clinicians and professionals on shift, supporting where appropriate. ▶ Involves the multidisciplinary team, where required. | <ul style="list-style-type: none"> ▶ Uses internal communication systems, for example, 'Webex', to communicate with other clinicians/colleagues on shift and give paediatric advice when appropriate. ▶ Involves appropriate team members, where the patient could benefit from additional expertise. | <ul style="list-style-type: none"> ▶ CBD†. |

Continued

Table 1 Continued

| RCPCH Progress domain/s | Learning outcome | Key capabilities | Illustrations | Examples of assessment |
|--|---|---|---|---|
| Patient safety, including safe prescribing | To prescribe safely within the NHS 111 consultation and to ensure patient safety at all times in NHS 111. | <ul style="list-style-type: none"> Recognises when a prescription is indicated and when it is safe to prescribe remotely. Uses incident reporting procedures in NHS 111 when necessary. | <ul style="list-style-type: none"> Documents need for a prescription. Prescribes via the electronic prescribing system or equivalent (where available). Submits an incident report when indicated. | <ul style="list-style-type: none"> Mini-CEX*. Reflection. |
| Quality improvement | To identify and evaluate possible improvements to the NHS 111 service for CYP. | <ul style="list-style-type: none"> Collects data to demonstrate where there would be scope for service improvements. | <ul style="list-style-type: none"> Carries out a close-loop audit/quality improvement project in NHS 111. Brings new ideas to the IUC, for example looks at examining alternative pathways for CYP in a local area. | <ul style="list-style-type: none"> Reflection. |
| Safeguarding | To look for and be able to identify safeguarding concerns during an NHS 111 consultation. | <ul style="list-style-type: none"> Recognises signs of abuse/other safeguarding concerns. Shows awareness of local safeguarding procedures. Works in compliance with child-related legislation at all times. | <ul style="list-style-type: none"> Completes level 3 safeguarding training. Completes local safeguarding training. Promptly reports any safeguarding concerns to the appropriate person, in line with national and organisational policy. Escalates to NHS 111 safeguarding team or duty social worker/police if appropriate. Completes relevant paperwork associated with escalating a safeguarding concern, following up when appropriate. Demonstrates awareness and appropriate use of 'Do not attend' policies where direct booking has been arranged. | <ul style="list-style-type: none"> Mini-CEX*. CBD† Safeguarding CBD‡. DOC‡. |

*Definitions of supervised learning events: Mini-Clinical Evaluation Exercise (Mini-CEX) is a formative assessment tool designed to generate useful feedback on essential skills in a paediatric setting.

†Case-based discussion (CBD) is a formative assessment tool designed to develop and assess clinical reasoning and decision making.

‡Discussion of correspondence (DOC) is a supervised learning event that assesses written form of communication.

§Acute care assessment tool (ACAT) is a supervised learning event that assesses acute paediatric care.

¶Safeguarding case-based discussion (CBD) is a case-based discussion with a focus on managing safeguarding.

CAS, clinical assessment services; CYP, children and young people; IUC, integrated urgent care; NHS, National Health Service; RCPCH, Royal College of Paediatrics and Child Health.

were approved by the RCPCH Curriculum Review Group in October 2020.

A framework aligned with the Royal College of General Practitioners' (RCGP) toolkit,⁵ often used to audit urgent primary care consultations in England, was subsequently developed.

OUTCOMES

Identifying challenges unique to NHS 111 consultations

Challenges unique to IUC CAS consultations for paediatric clinicians (most of whom are originally hospital-based) include remote consultations in an acute setting at the primary secondary care interface, variable access to patients' records, not knowing the patient/parent/carer, managing raised levels of parental/carer anxiety, patients' incomplete understanding about the urgent care system and frustration (eg. parental/carer perceptions of not being able to readily access face-to-face appointments). For the clinician, there may be considerable willingness to meet parental/carer expectations, to be able to influence subsequent behaviour and determine optimal outcomes for each child. In addition, clinicians are expected to work with numerous new information technology, telephony and video systems. They also need to be able to form interprofessional relationships with other members of the IUC workforce, remotely.

Key priorities for IUC CAS consultations are to:

- Explore why healthcare is being sought.
- Identify those needing urgent or emergency care and those who would benefit from non-urgent face-to-face consultation.
- Align patient management with best evidence-based practice and with local/national guidelines, where available.
- Ensure appropriate safety netting advice is provided.

Development of learning outcomes and key capabilities for paediatricians in NHS 111 CAS

In order to deal with the challenges unique to NHS 111, learning outcomes and key capabilities were identified. These learning outcomes and key capabilities should facilitate paediatric clinicians in delivering high-quality consultations. They are mapped to the existing RCPCH's Progress curriculum domains.

In summary, the relevant RCPCH domain has been linked to accompanying learning outcomes and key capabilities, outlined, along with illustrations/examples and potential modes of

assessment, in table 1. Many of these may have wider relevance to remote primary care settings (for paediatric consultations).

Development of a framework to optimise paediatric NHS 111 consultations

Many UEC providers audit their clinicians' consultations using the RCGP toolkit.⁵ Feedback may be given directly to the clinician. Reflecting on this feedback should contribute to clinicians' continuous professional development. Opportunities for development can also be arranged via a colleague or clinical supervisor 'shadowing' a paediatric clinician's shift to enable assessments such as workplace-based assessments (this may need to be done remotely, in accordance with local NHS 111 providers' information governance policies). Reflective practice can be kept in the trainee's portfolio for further reference.

Based on the RCGP toolkit, CYP-specific guidance has been added along with examples to assist paediatric clinicians in delivering high-quality consultations at every encounter, and subsequently secure high audit outcomes and also achieve their key capabilities listed under the RCPCH Progress curriculum's 'communication' domain (table 2).

DISCUSSION

This paper outlines the learning outcomes and key capabilities, mapped to the RCPCH Progress curriculum domains, to support paediatric clinicians working in IUC CAS. Illustrations and modes of assessment are also given. A framework with examples of how the capabilities might play out in a consultation is presented, with guidance and examples to optimise individual NHS 111 consultations for CYP, in line with the RCGP toolkit.

Paediatric input within the IUC CAS is an example of integrated healthcare delivery, where specialist advice is brought further forward in the patient pathway. The impact of this on patient care and process, patient experiences, and paediatrician satisfaction through the IUC will be presented in a parallel paper. The opportunity to work for NHS 111 provides paediatric clinicians with a broader understanding of the system in which they work and the opportunity to widen those clinicians' skill set. The framework for consultations in NHS 111 for paediatric clinicians, including the key capabilities, enables the structured development of trainees in undertaking remote telephonic working.

Table 2 Suggested guidance and examples to use during NHS 111 audio consultations for paediatricians in training

| Context | Area | Guidance and examples |
|-----------------------------------|--|---|
| Consultation introduction | Introduces self and establishes the identity of the caller(s), ensuring confidentiality and consent. Establishes rapport. | <ul style="list-style-type: none"> ▶ "Good Morning, my name is Dr X. I am a children's doctor working with the 111 service." ▶ "Before we start, please may you confirm your child/young person's name, date of birth and address?" ▶ "Are you happy for me to access your child's GP/secondary care records?" ▶ "Are you happy for information we discuss today to be shared with your GP?" ▶ "Can I confirm your name and relationship to the patient?" ▶ "I understand, from my colleague that you spoke to earlier, that you rang NHS 111 to discuss ... I was now hoping to go into a bit more detail." ▶ "How can I help you today?" |
| Information gathering | Identifies reason(s) for telephone call and excludes the need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills. Encourages the caller's and/or the patient's contribution using appropriate open and closed questions, demonstrating active listening and responding to auditory cues. Explores the patient's health understanding/beliefs, including identifying and addressing the patient's ideas, concerns and expectations. | <ul style="list-style-type: none"> ▶ "Since you spoke to the call handler/my colleague, has there been any change in your child's condition that you would like to bring to my attention?" ▶ "Are you more worried about your child now than you were when you called NHS 111 and spoke to my colleague earlier... if so, can you tell me what's most worrying you..." ▶ Open questions, such as "Tell me what's been going on?" or "How can I help?" ▶ Demonstrate active listening: "You said your daughter's been having abdominal pain, can you tell me more about that?" ▶ Move onto closed questions appropriately: "When did the problem start? Has medical attention been sought before now? Have there been similar episodes in the past?" ▶ "Is there anything we haven't already covered that you would like to tell me or that you are worried about?" ▶ If the caller is not the patient, consider asking whether it is possible to speak to the child or young person directly, if developmentally appropriate. <p>Three key areas:</p> <ul style="list-style-type: none"> ▶ Ideas: "What do you think the problem is" and "What are your thoughts about what is happening?" ▶ Concerns: "Is there anything that particularly concerns you?" ▶ Expectations: "What were you hoping I might be able to do to you?" and "What do you think might be the best plan of action?" <p>It can be helpful to summarise what you have been told about the presenting complaint and then check whether there is anything else you have overlooked.</p> |
| Defining the clinical problem | Takes an appropriately thorough and focused history to allow a safe assessment (includes/excludes likely relevant significant condition). Makes an appropriate working diagnosis. | <ul style="list-style-type: none"> ▶ Include medical history, birth history, drug history, allergies, immunisation status, family history, social history (if time, to include who is with the child, who holds parental responsibility, type of accommodation the child lives in, happiness at home/school, smoking status of the patient/parents, current/previous contact with social care). ▶ Obtain information by direct observation of sounds on the call or video where available. ▶ "There are a couple of possible diagnoses, but I am keen to rule out... by..." |
| Constructing the management plan | Creates an appropriate, effective and mutually acceptable treatment plan (including medication guidance) and management outcome. | <ul style="list-style-type: none"> ▶ If there are options for treatment, then share this with the patient. ▶ Explain what the plan is so that the patient will understand. For example: "This is a flare up of your child's eczema, I will prescribe an ointment which I would like you to apply to the affected parts twice a day for 7 days. You should start to see an improvement in 48 hours." |
| Emergency management | Determines the need for an emergency admission and appropriately asks questions to cover emergency conditions. | <ul style="list-style-type: none"> ▶ Remember to document important positives and negatives to show the emergency conditions have been considered. |
| Prescribing | Able to generate a prescription and to send to an appropriate pharmacy in consultation with the patient. Adherence to local antibiotic and prescribing guidelines. | <ul style="list-style-type: none"> ▶ "I am going to send a prescription to ... Pharmacy which I can see is open 24 hours. You will need to collect the medication from there." |
| Closing the consultation | Seeks to confirm the patient's understanding. Provides appropriate safety netting and follow-up instructions. | <ul style="list-style-type: none"> ▶ Summarise the key points back to the child and the parents/carers. ▶ Check if there are any questions or concerns that have not been addressed or that the patient/parent/carer would like you to go over again. ▶ "If your child does not improve by ... then please seek further help by..." ▶ "If your child becomes short of breath or unable to speak in sentences, please call 999." |
| Effective use of the consultation | Manages and communicates risk and uncertainty appropriately, Appropriate consultation time to clinical context (effective use of time, taking into account the needs of other patients), with effective use of available resources. Accurate, relevant and concise record-keeping to ensure safe continuing care of the patient. | <ul style="list-style-type: none"> ▶ "This infection is most often caused by a virus and it will usually go away by itself. Signs of a bacterial infection which would mean you may need antibiotics include..." ▶ The consultation is succinct but thorough in the use of time for both the caller and the paediatrician. ▶ Signposting to information resources, if relevant, is helpful to the parent/carer and can be reassuring. ▶ The paediatrician should be aware of the children's queue and the prioritisation of cases in the queue, as would happen when the paediatrician would be working on in an emergency department. ▶ Documentation of safety netting advice that has been given, including the important positive and negative aspects of the patient's condition. |
| Addressing safeguarding | Consider safeguarding with every child. | <p>Is there contact with social services? Who is at home? Is this appropriate?</p> <ul style="list-style-type: none"> ▶ "We ask everyone if they have contact with social services. Do you have a social worker or have you ever had contact with social care?" ▶ "Who is with you at home at the moment?" ▶ "If you need to bring your child to hospital, who will look after your other children?" |

NHS, National Health Service.

CONCLUSION

This paper outlines learning outcomes, key capabilities and illustrations to support paediatric clinicians undertaking IUC

CAS consultations for CYP. They are mapped to the RCPCH Progress curriculum domains. This will allow paediatric trainees undertaking NHS 111 shifts as part of their training to track and

evidence their own progress and development. These capabilities sit at the interface between primary and secondary paediatric care. Endorsement has been granted by the RCPCH's Curriculum Review Group. We recommend that they form part of the IUC service specification and workforce blueprint.

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REFERENCES

- 1 NHS England. Integrated urgent care service specification, 2017. Available: <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf> [Accessed 07 Sep 2020].
- 2 NHS England. NHS 111 minimum data set 2019-20. Available: <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/nhs-111-minimum-data-set-2019-20/> [Accessed 07 Sep 2020].
- 3 NHS England and NHS Improvement. Clinicians considering a return to the NHS, 2020. Available: <https://www.england.nhs.uk/coronavirus/returning-clinicians/> [Accessed 07 Sep 2020].
- 4 Royal College of Paediatrics and Child Health (RCPCH). RCPCH progress curriculum and generic syllabi, 2020. Available: <https://www.rcpch.ac.uk/education-careers/training/progress/curriculum> [Accessed 07 Sep 2020].
- 5 Royal College of General Practitioners (RCGP). Audio-COT competency (capability) linkage, 2020. Available: <https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/COT/Audio-COT-Capability-linkage.ashx?la=en> [Accessed 07 Sep 2020].