

Appendix 1

Briefing Paper – NHS 111 Services in BaNES

Introduction

- 1.1 The objective of the NHS 111 service is to support the delivery of urgent and emergency care by directing patients to the right service first time with clinical assessment and referral taking place within the same telephone call. The service also encourages different providers of urgent and emergency care to come together to consider ways to improve the patient's experience of care. Currently the service is commissioned locally, but to a national specification to ensure a consistent approach to quality across the country.

- 1.2 To support further transformation of urgent and emergency care, NHS England and CCGs will produce a new NHS 111 service specification to support future commissioning of a comprehensive service, but it is not yet clear how this will impact on services locally.

NHS 111 in BaNES

- 2.1 Panel Members will be aware that the service had a challenging start in February 2013 with poor performance across a range of measures which meant that the service was not meeting the national Key Performance Targets. Following the development of a Rectification Plan with weekly monitoring meetings, steady progress was made and the service progressed to full service commencement in October 2013.

NHS 111 Monitoring in BaNES

- 3.1 Contract monitoring is now carried out monthly and steady progress has been made except for Warm Transfer Rates (calls which require direct transfer to a Clinical Adviser without having to call the patient back) and Ambulance Dispatches.

- 3.2 Difficulty in the recruitment and retention of Clinical Advisers has contributed to the poor Warm Transfer Rate and Harmoni is continuing the drive to recruit and train good quality clinicians (Nurses and Paramedics).

- 3.3 Steps taken to address the ambulance dispatch rate includes listening to calls that resulted in an ambulance dispatch and using the learning to inform training and feedback to staff. Clinical Shift Leads have been appointed to monitor ambulance dispatches during shifts and the impact of this will be monitored during the next few months.

Clinical Governance

4.1 The Quality Monitoring Review Group focuses on clinical effectiveness, patient safety and patient experience. The monthly quality report provides updates on call audits carried out, number of complaints and incidents, and feedback from health care professionals as well as other reports e.g. Safeguarding Adults and Children.

4.2 All front line staff have 5% of their calls audited each month and feedback is given individually with further training and support as required.

4.3 The number of complaints and incidents are decreasing and there is evidence that the investigations of complaints and incidents are more robust and that the learning from these is used to improve the service.

Developments

5.1 Special Patient Notes (SPNs) provide specific information relevant to a patient with complex health and/or social care needs e.g. patients on the End of Life Care Register. SPNs are available to NHS 111 and GP Out Of Hours services to ensure that the patient is appropriately assessed, referred and treated. Many of the current SPNs are outdated and the quality is variable and not all are visible to NHS 111. There are also IT issues which do not allow SPNs to be added directly to the Adatastra IT system. A proposal is being considered to address these issues and to support ongoing administration and quality assurance.

5.2 Post Event Messages (PEMs) are sent by NHS 111 to a GP Practice when one of their patients contacts the NHS 111 service. The message is transmitted electronically, but feedback from GPs indicated that messages are duplicated (GPs are also informed if the same patient is seen by the Out Of Hours Service) and do not always provide useful information. GPs now receive one message from the Out of Hours service stating that the patient was referred by NHS 111. Harmoni are required to audit the outcome of this change.

5.3 Directory of Services (DoS) - the DoS is the application which holds information that describes the services, care or referral available to the patient following as assessment by NHS 111. This can include referral to the Out of Hours Service or an appointment can be made directly into a Primary Care Centre. Due to the DoS and IT limitations the instructions regarding appointments are not always clear which can cause confusion for staff and poor patient experience when appointments cannot be made.

5.4 Changes to the DoS appointment booking across to Out of Hours Services across Avon, Gloucestershire and Wiltshire has been proposed and will be discussed at Avon, Gloucestershire and Wiltshire level.

5.5 Commissioners have agreed additional support for the DoS Lead to take these developments forward.

5.6 Audit of Minor Illness Unit (MIU) – an audit of referrals to the Paulton MIU was carried out in January 2014, due to a number of inappropriate referrals to the Unit, causing frustration to staff and poor patient experience. It was agreed to review how the MIU is profiled in the DoS and review all referrals from NHS 111. The impact of this will be reviewed in April 2014.

5.7 Contingency Arrangements - It has been agreed that the contingency process, for health care professionals who may need to access the NHS111 service as part of managing a patient's care pathway, which was introduced in March 2013 will continue beyond April 2014.

5.8 Ongoing Monitoring Arrangements - At the end of the Rectification Process it was agreed that the NHS 111 contract would continue to be monitored across Avon, Gloucestershire and Wiltshire (AGW) with a parallel process for clinical governance.

Going forward into 2014/2015, the intention was to move to quarterly reviews with clinical governance feeding into the overarching contract review and reporting by exception in line with other contracts. This approach may need to be revisited because of the ongoing performance concerns around Ambulance Dispatches and Warm Transfers. Meanwhile discussions are underway to formalise the governance and reporting arrangements to clarify decision making across AGW.

5.9 Panel members are asked to confirm whether any further updates on the progress of the NHS 111 service are required at a future date.

