

Bath & North East Somerset Council		
MEETING:	Well-being & Policy Development Panel	
MEETING DATE:	19 th September 2014	AGENDA ITEM NUMBER
TITLE:	Update on – NHS 111 Service	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
attachments to this report:		
Appendix 1: Briefing Paper		
Appendix 2 : Table showing Summary of Performance for April – August 2014		

1. THE ISSUE

- 1.1. To update Well-being & Policy Development panel members on the performance of the NHS 111 Service in the Bath & North East Somerset area.
- 1.2. Panel members received briefings in September 2013 and March 2014. The last briefing reported on progress to improve performance, as well as a range of proposed developments. This briefing paper explains progress made and how service performance continues to be monitored closely to ensure that it meets the needs of local people.

2. RECOMMENDATION

- 2.1. Panel members are asked to note the latest performance of the NHS 111 service.

3. FINANCIAL IMPLICATIONS

- 3.1. None to note as part of this briefing paper.

4. THE REPORT

- 4.1. The attached report summarises performance and progress to date.

5. RISK MANAGEMENT

- 5.1. Risk management processes and systems remain in place as part of the NHS 111 governance arrangements to monitor the effectiveness of the service.

5.2. Information on complaints, incidents and feedback from healthcare professionals is collated and reviewed by Care UK (previously Harmoni) and shared with the CCG's Clinical Governance Lead for NHS 111, Dr Liz Hersch and with the CCG's Quality Team.

5.3. Commissioners across Avon, Gloucester and Wiltshire are reviewing processes for on-going monitoring of the service. This will facilitate service monitoring at a level that is appropriate for both commissioners and Care UK.

6. EQUALITIES

6.1. An in-depth equality impact assessment was completed by BaNES PCT and commissioning team as part of the process to develop the specification for the 111 Service. The service will continue to be monitored in respect of its impact on different groups of patients.

7. CONSULTATION

7.1. Care UK has been consulted on the presentation of this paper.

8. ISSUES TO CONSIDER IN REACHING THE DECISION

8.1. Not applicable to this report.

9. ADVICE SOUGHT

9.1. Not applicable to this report.

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Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	

Appendix 1

Briefing Paper – NHS 111 Services in B&NES

1.0 Introduction

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.

2.0 NHS 111: Current position in B&NES

Although the service experienced a challenging start in February 2013, the development of a rectification plan facilitated steady progress and ultimately, full service commencement in October 2013.

The service continues to experience challenges around recruitment and retention of call handlers and Clinical Advisers which contributes to:

- Delays in call handling
- Higher than necessary ambulance dispatch rate
- Delays in warm transfer (i.e. directly from the original call handler to a clinical advisor) and call back

Commissioners and Care UK recognise the importance of having experienced and skilled staff to be able to address many of these issues. Staffing levels need to be more accurately matched to call volume forecasting to ensure that the Key Performance Measures set within the contract are met at all times.

At the beginning of this year, Care UK made a decision to change staff shift patterns to better match with demand. Care UK entered a consultation period with staff. Owing to a higher rate of attrition than expected, coupled with the recruitment freeze necessitated by the consultation process, staffing levels (for both Health Advisers and Clinical Advisers) suffered during this time with a negative impact on performance.

Care UK has continued to revise the model of call forecasting and rota management which aims to better meet demand. In addition, revised modelling aims to offer staff a better work/life balance and will hopefully reduce absenteeism and improve retention. More room has also been made within the new modelling for areas such as professional development and training. Commissioners will continue to monitor the outcome of this programme closely.

2.1 NHS 111 monitoring in BaNES

Weekly teleconferences currently take place between commissioners and Care UK to monitor progress, alongside monthly Contract Board Meetings and Clinical Governance Meetings.

Commissioners are currently reviewing processes to monitor the service appropriately into the future.

The CCG receives daily progress reports against the targets and **Appendix 2** shows performance for the period April – August 2014. The graphs demonstrate many of the difficulties the service has experienced over the last five months, although evident improvements in August. These will continue to be monitored for sustained and continued improvement in performance.

2.2 Clinical Governance

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.

All front line staff has 5 of their calls audited each month and feedback is given individually with further training and support as required. There was a drop in the percentage of call audits executed in June and this was linked to sickness and issues with staffing levels.

A total of 14 complaints were received from April to the end of August 2014 (BaNES and Wiltshire combined). Within this period, 62,515 calls were answered by Care UK for BaNES and Wiltshire. Themes included inappropriate referrals, delays in calling back, patients unhappy with dental services during Out of Hours, poor triage, patients unhappy with lines of questioning and an issue with the tone of voice used by the call handler to the patient. There is evidence that the investigations of complaints and incidents are being managed and reported through the monthly quality reports and discussion at the clinical governance group. However action planning and the implementation of lessons learned from the complaints process are not evidenced and more assurance is required by commissioners in this area.

3.0 Developments

Currently the service is commissioned locally but to a national specification to ensure a consistent approach to quality across the country. In order to support further transformation of urgent and emergency care, NHS England with the support of CCGs, has produced new NHS 111 commissioning standards (June 2014). Commissioners will work closely with Care UK to implement these standards within realistic time scales, recognising that recruitment of staff will continue to be the current priority.

3.1 In the last report, a number of developments were identified. Updates on progress are provided here:

3.2 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. They are visible to GPs in both in- and out- of hour's settings, as well as NHS 111, amongst others. Access to good quality SPNs is vital for NHS 111 and GP Out of Hours, to provide the call handler or clinician with knowledge and additional information specific to the patient to facilitate making an informed decision about treatment.

BaNES CCG is developing a proposal to improve the quality of SPNs by reviewing the current status and quality of SPNs and looking at options to increase the volume and completeness of SPNs.

3.4 Directory of Services (DoS)

The DOS is the application which holds information that describes the services, care or referral available to the patient following an assessment by NHS 111.

Commissioners have agreed to provide additional project support to develop the DOS through the support of a small regional team. Development of the DOS is a priority for the CCG.

3.5 Audit of Minor Illness Unit (MIU)

An audit of referrals to the Paulton MIU was carried out by Harmoni in January 2014 due to a number of referrals to the unit which MIU staff felt were inappropriate causing frustration to staff and poor patient experience.

The profile of Paulton MIU in the DOS was reviewed and referral numbers have now reduced.

3.6 Contingency Arrangements: Health Care Professionals Line

In March 2013, a contingency process was put in place for health care professionals needing access to the NHS 111 service as part of managing a patient's care pathway.

A contractual arrangement has been put in place with the GP Out of Hours service to provide the "HCP line" for this financial year, with opportunity to review and re-specify requirements from April 2015.

4. On-going reporting to the Well-being & Policy Development Panel

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

Appendix 2

Performance against targets for April – August 2014 (Source: NHS BaNES and NHS Wiltshire Dashboard, compiled from DailySitReps).



