

Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	13 th March 2015	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 two briefings in 2014. The last briefing reported on progress to improve performance, as well as a range of proposed developments. This briefing paper describes progress made, performance over the winter 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 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, Swindon, BaNES and Wiltshire recently reviewed processes for on-going monitoring of the service. We have developed integrated performance and quality monitoring of the service which continues on a monthly basis. Additional assurances are sought by commissioners at anticipated busy times, e.g. Christmas, Easter.

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 in advance of 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 ideally taking place within the same telephone call.

2.0 NHS 111: Current position in BaNES

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. transfer 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. Care UK is implementing a programme of work to ensure that they recruit and retain the right people and make best use of their skills and time. It is anticipated that this transformation programme will start to have a greater impact during the first quarter of 2015/16.

The programme will help Care UK to fill shifts to facilitate better matching of capacity to call volume forecasting to ensure that the Key Performance Indicators set within the contract are met at all times. Commissioners are working with Care UK to focus these measures, particularly at weekends when call volumes are substantially higher than weekdays.

2.1 NHS 111 monitoring in BaNES

Monthly integrated quality and performance board meetings take place between commissioners and Care UK to monitor progress and outcomes. Additional assurances are sought by commissioners at anticipated busy times, e.g. Christmas, Easter.

The CCG receives daily progress reports against the targets and **Appendix 2** shows performance for the period August 2014 – January 2015 inclusive. The graphs demonstrate an increasing use of the NHS 111 service overall, with distinct peaks at weekends and bank holidays. The graphs depict only BaNES and Wiltshire service usage, but of note is also the total volume of calls received by the call centre. For example, on 27th December, one of the entire Urgent Care System's busiest days,

1196 calls related to BaNES and Wiltshire residents, a 538% variance on the same day last year for our area. The call centre received 7778 calls from across the area, 78% higher than predicted call volumes, despite weekly re-profiling of demand forecasts.

The graphs in Appendix 2 also demonstrate that the service has struggled to match capacity with some of the peaks in demand, resulting in patients waiting longer for their call to be answered and for calls to be returned. Despite the increase in overall call numbers, the service maintained its average disposition rates for ambulance dispatch and referral to Emergency Departments throughout the winter; the difference depicted is between weekends and weekdays.

2.2 Clinical Governance

In addition to performance information, the Integrated Quality and Performance Board meeting receives details about clinical effectiveness, patient safety and patient experience. The monthly 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. Calls audited show strengths of listening, negotiation, professionalism and call control. Further work is required on the skills of asking probing questions to better understand the patient's needs.

A total of 6 complaints were received by the provider from August 2014 to January 2015 (BaNES and Wiltshire combined). Within this period, 84,968 calls were answered by Care UK for BaNES and Wiltshire. Themes included incorrect phone numbers being taken from patients, lack of dental provision and misunderstanding about referral to other services e.g. GP Out of Hours and GP surgeries. There is evidence that the investigations of complaints and incidents are being managed and reported through the monthly quality reports. Commissioners and Quality colleagues continue to seek assurances around the implementation of lessons learned from the complaints process.

3.0 Developments

Currently the service is commissioned locally but to a national specification to ensure a consistent approach to quality across the country. The service is provided across Bristol, North Somerset, South Gloucestershire, Gloucestershire, Swindon, Wiltshire and BaNES by Care UK and commissioners work collaboratively to monitor the service.

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 hours 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 actively working with GPs to improve the quality and completeness of SPNs during this financial year and is aiming to further develop the range of conditions for which SPNs might be used to communicate appropriate actions for out of hours services from April 2015.

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.

BaNES and Wiltshire CCGs now share a full time DOS lead, who is responsible for updating entries on the DOS and profiling new services so that they can be referred to by NHS 111. This will make a difference to the efficiency of the call centre, as well as experience of the patient who is more likely to get sent to the right service at the right time.

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.

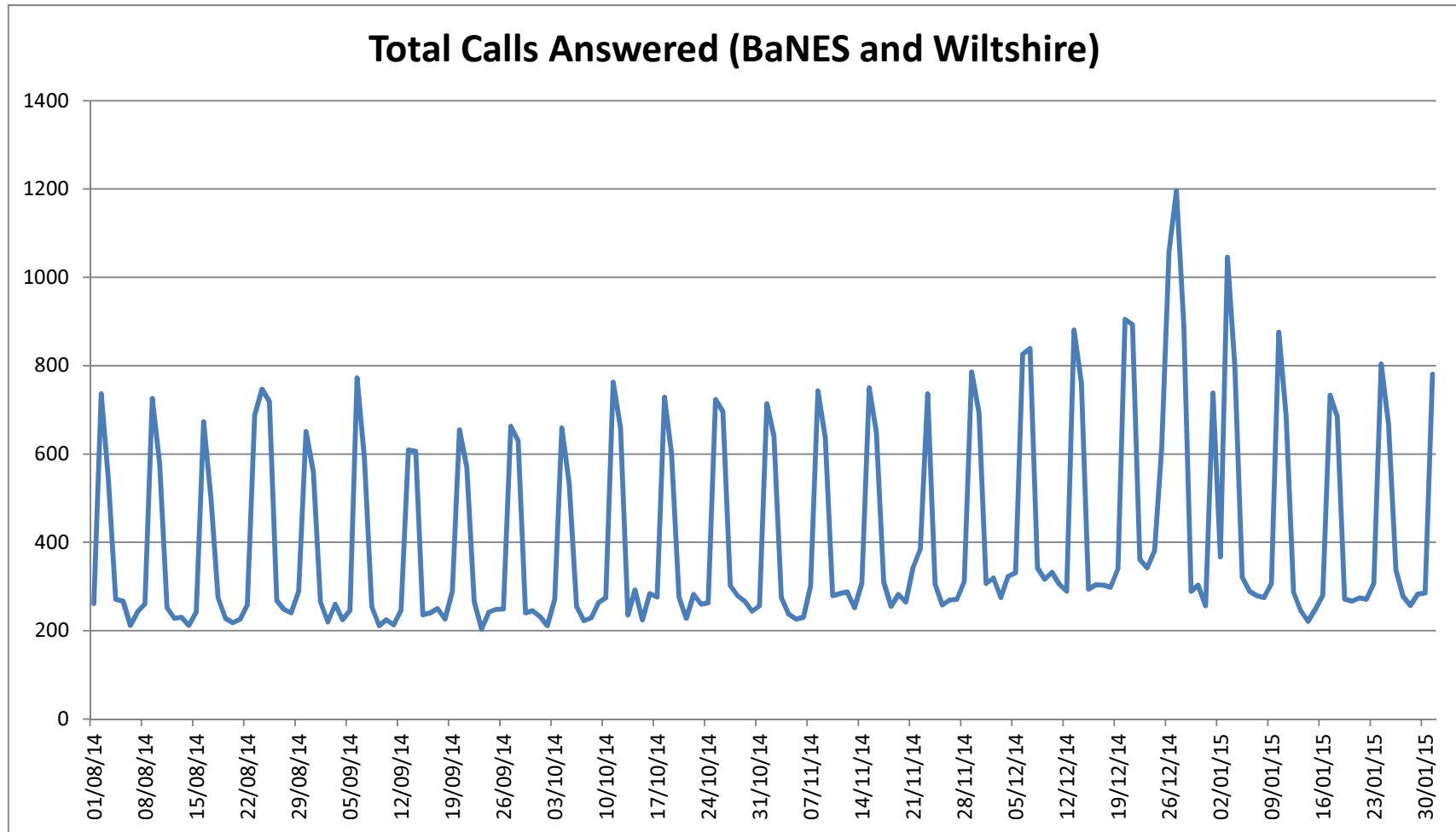
A contractual arrangement remains in place with the GP Out of Hours service to provide the "HCP line", currently continuing until March 2016.

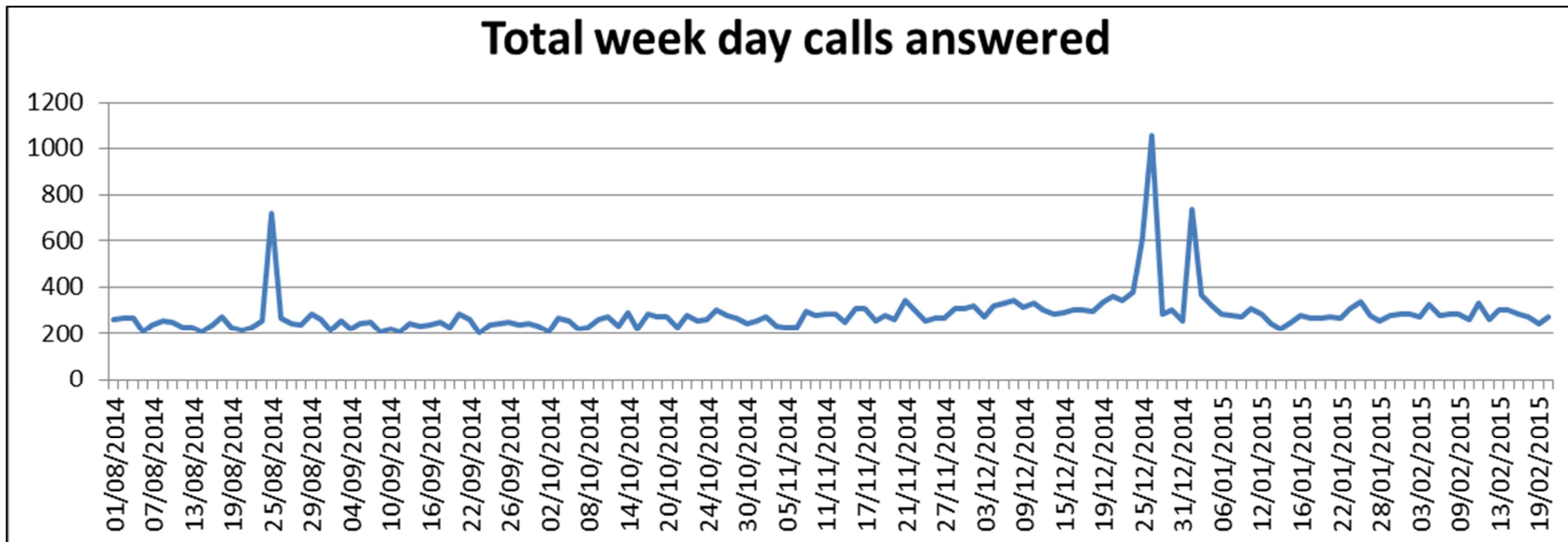
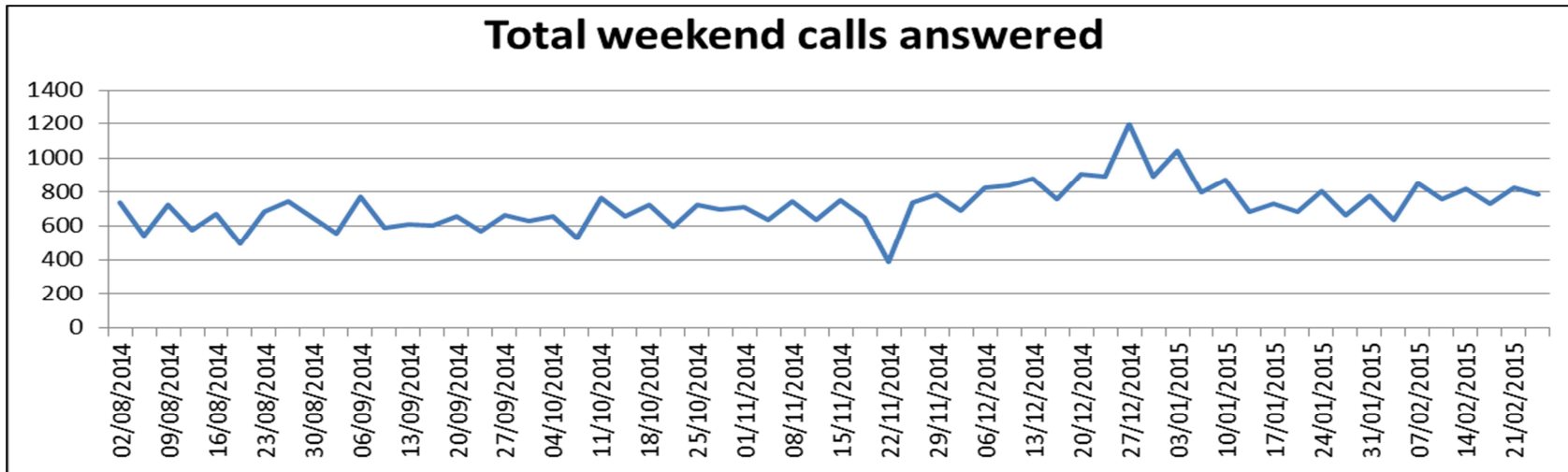
4. On-going reporting to the Well-being & Policy Development Panel

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

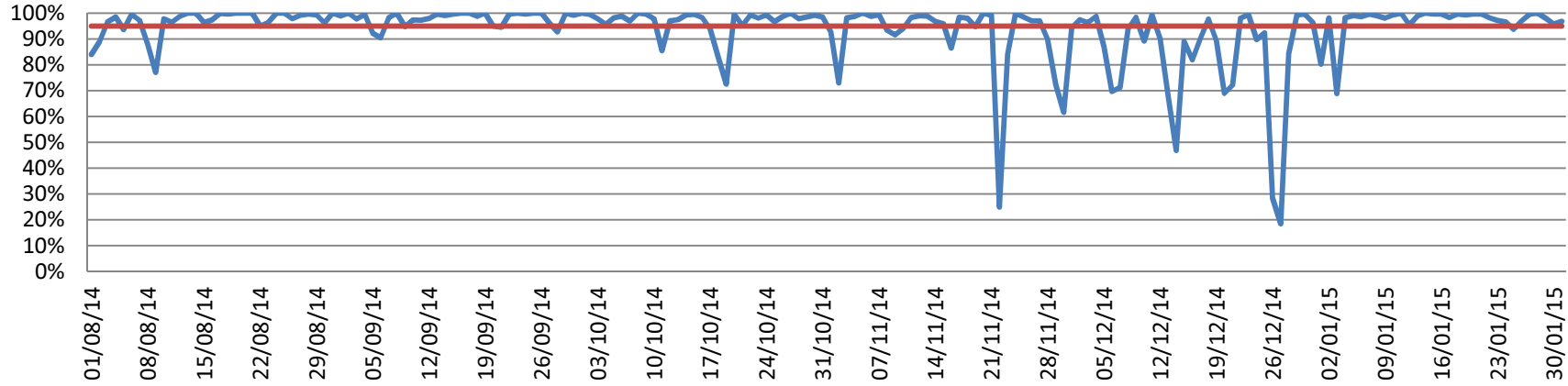
Performance against targets for August 2014 – January 2015 (Source: NHS BaNES and NHS Wiltshire Dashboard, compiled from DailySitReps).



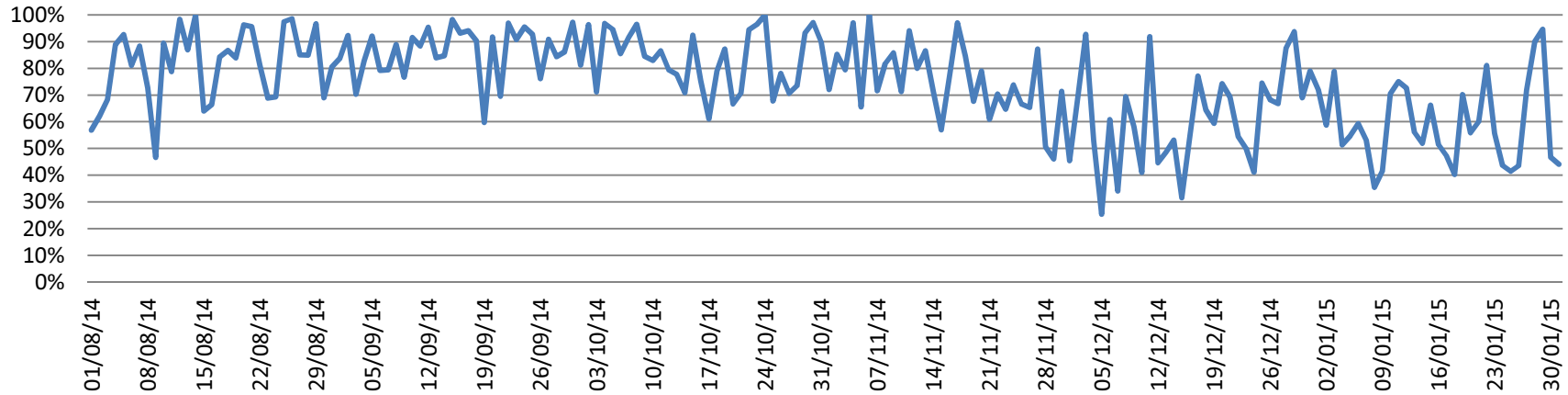


* Peaks depict bank holidays

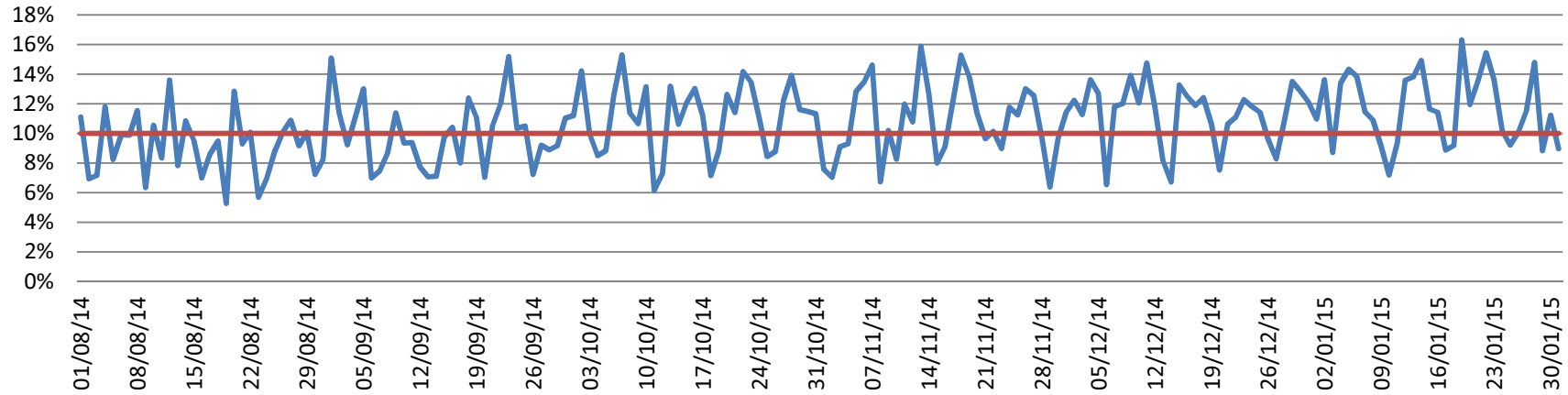
Calls answered within 60 seconds (target = 95%)



% Warm transferred or called back within 10 minutes



Ambulance dispatch as a percentage of total (target = 10%)



Referral to Emergency Department as a percentage of total (target =5%)

