

South West Strategic Health Authority

Briefing for Overview and Scrutiny Committees

Introduction of NHS 111 in the South West

1. Purpose of the report

- 1.1 The aim of this paper is to provide Overview and Scrutiny Committees with information about plans to introduce NHS 111 services across the seven Primary Care Trust clusters within NHS South West.
- 1.2 Overview and Scrutiny Chairs and chief Officers and Local Involvement Network leads have previously received a verbal briefing on these proposals from the Head of Engagement and Stakeholder Relations at the South West Strategic Health Authority.

2. Decisions/actions requested

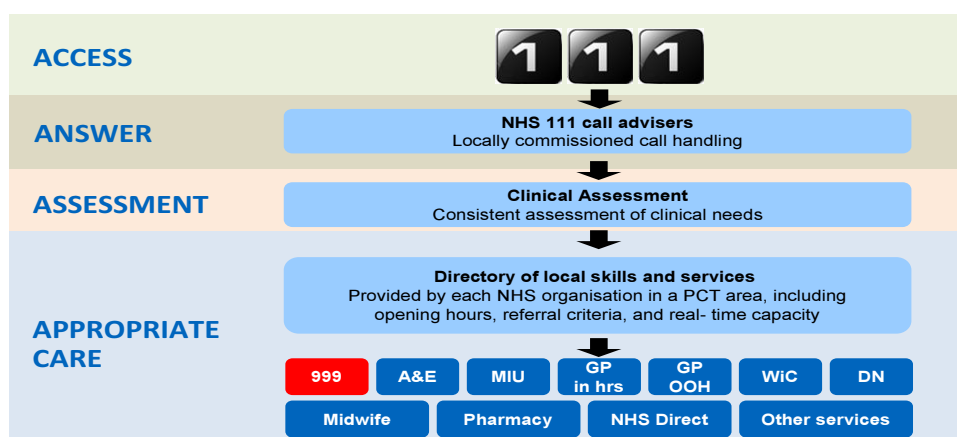
- 2.1 Overview and Scrutiny Committees are asked to receive and note proposals for the introduction of NHS 111 within the South West.

3. Background

- 3.1 NHS 111 is a new national NHS service. It is a telephone advice line and signposting service for patients with unscheduled health problems which require assessment but which are not so serious as to require a 999 call.
- 3.2 NHS 111 is a free to call number available 24 hours a day, 365 days a year to respond to people's healthcare needs when:
 - they need medical help fast, but do not believe it is a 999 emergency;
 - they do not know who to call for medical help, for example they do not have a general practitioner to call or are away from home;
 - they think they need to go to Accident and Emergency or another NHS urgent care service;
 - they require health information, signposting, or reassurance about what to do next.
- 3.3 The service is intended to provide consistent clinical assessment at the first point of contact and route customers to the right NHS service first time, without the need for the caller to repeat information. The service provider will have a call handling system with support software, which links automatically into a comprehensive local directory of service.

3.4 A flowchart showing the service model is below in Table 1.

Table 1: NHS 111 – service model



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3.5 NHS 111 was introduced in four national pilot sites in 2010. These are in County Durham and Darlington, Nottingham City, Lincolnshire and Luton.

3.6 The Department of Health has committed to ensuring that NHS 111 is available in all localities by April 2013. Each Strategic Health Authority, in conjunction with Primary Care Trust Clusters and Clinical Commissioning Groups, has been asked to put plans in place to deliver this.

3.7 National research in 2009 found that 38% of those questioned were not sure of the care options available for non-emergencies outside general practitioner surgery hours.

3.8 The Strategic Framework for Improving Health in the South West similarly identified a need to simplify public access to urgent care, with the current system leaving many people unclear which number to call. NHS 111 is intended to address that need directly.

3.9 NHS 111 will be the gateway to the urgent care system. It will direct people to the most appropriate service for their needs, underpinned by well developed local pathways of care.

4. Current service arrangements – what happens now?

4.1 Currently, people with urgent care needs have a number of choices. They may request an urgent appointment with their general practitioner, ring their out of hours provider, call NHS Direct, attend a minor injury unit, urgent care centre, Accident and Emergency department or other local service.

- 4.2 In a significant proportion of cases the first destination may not be the most appropriate for that patient, and there is no opportunity for them to be signposted elsewhere early on.
- 4.3 Callers to current services frequently need to wait to be called back by an advisor, and to repeat their name, details and other information each time they speak to a new advisor.
- 4.4 There is also potential for both duplication and gaps in current provision of urgent care services.

5. Proposed service development – what will change?

- 5.1 The seven Primary Care clusters within the South West have been working with Clinical Commissioning Groups and the Strategic Health Authority to develop plans to implement NHS 111 by April 2013.
- 5.2 The NHS 111 service will provide a single, easy to remember and free to call number for people with any urgent care need. It will route them through to the right service for them, first time.
- 5.3 The aim of the South West service, in line with the national specification, is to simplify access to the urgent care system by:
- improving public access to urgent healthcare;
 - helping people use the right service first time, including self-care;
 - providing management information on usage of services to commissioners;
 - enabling and supporting quality and productivity plans for urgent care.
- 5.4 The core principles that the new service will deliver are the ability, 24 hours a day, 365 days a year, to:
- dispatch an ambulance without delay where the call is an emergency;
 - complete a clinical assessment on the first call without the need for call back;
 - refer calls to other providers without re-triage;
 - transfer clinical assessment information to other providers;
 - book appointments where appropriate;
 - signpost to another service, where outside the scope of 111;
 - conform to national quality and clinical governance standards.
- 5.5 These represent an improvement on the current system and will help people to navigate the urgent care system much more rapidly.

- 5.6 The new system also involves the development of a comprehensive directory of service. The directory of service lists and defines all local services with daily availability. When people ring NHS 111 the call handlers will have access to the local directory of service and be able to direct the caller to the service most appropriate to their needs.
- 5.7 Suitable providers for the NHS 111 services in the South West are being sought through a procurement process. There is a single collaborative procurement across the South West with local geographical lots based on the seven Primary Care Trust clusters:
- NHS Bath and North East Somerset and Wiltshire;
 - NHS Bristol, North Somerset and South Gloucestershire;
 - NHS Cornwall and Isles of Scilly;
 - NHS Devon, Plymouth and Torbay;
 - NHS Dorset, Bournemouth and Poole;
 - NHS Gloucestershire and Swindon;
 - NHS Somerset.
- 5.8 Potential suppliers may bid to provide a service for one or all lots.
- 5.9 Other services are being developed in parallel with the procurement. Population of a comprehensive Directory of Service is already underway in all cluster areas. This will provide the link between the clinical triage and the most appropriate service available for the caller in their local area.
- 5.10 The national requirement for NHS 111 is to replace the NHS Direct 0845 4647 service which will cease from April 2013. Primary Care Trust Clusters, with Clinical Commissioning Groups and other local partners, are specifying what should be available within the local NHS 111 service and alongside, to ensure patients can be routed as quickly as possible to the service they need. The range of services under consideration includes out of hours telephony, other local call handling or telephone advice services, and direct booking of slots or visits.
- 5.11 NHS 111 services will be organised at Primary Care Trust cluster level, with clinical governance arrangements managed locally.
- 5.12 The NHS 111 service in the South West will conform to a national service specification so that a consistent identity and quality of service is maintained across the country, but delivered locally by the NHS in a way that is most appropriate for each area.

6. Expected benefits from the proposed service development

- 6.1 The chief benefits anticipated are:
- for the public and patients:

- * streamlining access to urgent healthcare;
- * avoiding confusion about which service to call or visit;
- * speedier route to diagnosis and treatment;
- for the NHS:
 - * good information about usage and availability of services leading to improved commissioning and provision of urgent care to meet local needs;
 - * increased public satisfaction with NHS services.

7. The engagement process

- 7.1 This briefing is being shared with all Overview and Scrutiny Committees within NHS South West. Each Primary Care Trust cluster will have an identified lead to link with the Overview and Scrutiny Committee who will be able to respond to questions and share details about local plans and timescales.
- 7.2 Presentations and discussions are being held with Local Involvement Network leads and groups.
- 7.3 It is intended that there should be an opportunity for engagement in the development of the NHS 111 service locally.
- 7.4 A further briefing will be provided following the conclusion of the procurement to update Overview and Scrutiny Committees on the outcome and to outline the next steps.
- 7.5 Communications to the public about the new service will be very important. There will be a consistent identity and marketing strategy organised nationally for NHS 111. The local NHS is developing its strategy in line with this to ensure awareness and understanding of the new service.

8. Current timescales

- 8.1 A Pre-Qualification Questionnaire will be published at the beginning of November 2011 inviting suppliers who have expressed an interest in the procurement to submit initial information. The full Invitation to Tender is scheduled to be published in January 2012 and the provider to be selected in June 2012.
- 8.2 There will be a substantial period for development and mobilisation of the service, to ensure that robust technical, service and clinical governance arrangements are in place. The planned date for the start of the NHS 111 services across the South West is March 2013.

9. Conclusion and Recommendations

- 9.1 Overview and Scrutiny Committees are asked to:
- receive and note proposals for the introduction of NHS 111 within the South West.