

Briefing Paper – NHS 111 Services in B&NES

1.0 Introduction

NHS 111 is a nationally mandated service to make it easier for the public to access urgent healthcare services. The concept is a free to call 111 number available 24/7 every day of the year to respond to people's healthcare needs when they:

- need medical help fast, but it's not a 999 emergency
- do not know who to call for medical help or don't have a GP to call
- think they need to go to A&E or another NHS urgent care service
- require health information or reassurance about what to do next

The anticipated benefits of the new service include:

- The provision of a memorable three digit telephone number – 111 – with a national brand and agreed service standards
- improving the patient and carer experience by providing clear, easy access to more Integrated services.
- improving efficiency in the urgent and emergency health care system by connecting patients to the right place, first time.
- Increasing public confidence in the NHS by providing a modern, efficient entry point to the NHS focussed on patient needs

The aims and objectives of the service are:

- Providing call handling, clinical assessment and appropriate referral to NHS services within a defined geographic area
- Providing consistent clinical assessment of patient needs at the first point of contact integrated with a directory of locally available services to enable patients to be directed to the right service following clinical assessment
- Providing improved management information and intelligence regarding the demand and usage of non-emergency healthcare services enabling evidence based commissioning and proactive support to be offered to specific patient groups.

2.0 Launch of NHS 111 in B&NES

Locally, the NHS 111 service is provided by Harmoni who are also providing a service to Wiltshire, Bristol, North Somerset, South Gloucestershire, Gloucestershire and Swindon areas. The service commenced as planned on 19th February 2013. As part of the service mobilisation process it is recommended that there is a minimum period of two to four weeks between soft launch and public launch (full service commencement), excluding any contingencies that may be built into the launch plans. Our planned period between soft and public launch was 4weeks with a full service commencement on the 19th March 2013. However, due performance issues of the service the public launch date has been postponed until such time it can be demonstrated that the service is performing in line with the standards of performance set out in the service specification and contract.

3.0 Summary of Service Performance to Date

3.1 Key Performance Indicators

The Service has faced significant challenges in meeting Key Performance Indicators (KPIs) particularly at weekends since it started on the 19th February. There were early problems with performance in response times, abandoned calls, referrals to the ambulance service and staff sickness/absenteeism. The measures that are used to assess the performance of the service include:-

- The total number of calls answered within 60 seconds (target 95%)
- The total number of abandoned calls 30 seconds after the message (target less than 5%).

Performance of the service for the last 2 weeks against these measures is set out below.

Day	Date	Time Taken to Answer Calls in 60 Seconds	Call abandonment rate
Sunday	05/05/2013	40%	24%
Saturday	04/05/2013	54%	18%
Friday	03/05/2013	84%	No information available
Thursday	02/05/2013	99%	0.5%
Wednesday	01/05/2013	98%	1%
Tuesday	30/04/2013	100%	0.5%
Monday	29/04/2013	97%	1%
Sunday	28/04/2013	53%	18
Saturday	27/04/2013	52%	14%
Friday	26/04/2013	99%	0.5%
Thursday	25/04/2013	100%	0%
Wednesday	24/04/2013	99%	1%
Tuesday	23/04/2013	No Info available	No Info available
Monday	22/04/2013	91%	4%

The key issues impacting on performance have been the number of staff within the call centre, particularly on weekend mornings, the level of staff absenteeism and the time for staff to develop knowledge and skills in using NHS pathways. This is the clinical assessment tool for triaging telephone calls from patients based on the symptoms they report when they contact the call centre. All of these issues are being addressed as part of an agreed Rectification plan.

3.2 Impact on Wider Health Community

3.2.1 Impact on Ambulance Services

The most significant impact has been on local ambulance services with an increase in calls being directed to the South West Ambulance Service. These are calls that are classified as Red rated calls. Red calls are the most serious and potentially life threatening calls and 75% of these calls must be responded to within 8 minutes.

Inappropriate requests for ambulances and ambulance conveyances increases the risk of an ambulance being diverted from an urgent case to an inappropriate call.

Harmoni have recognised the internal problems with requests for inappropriate ambulance conveyances and they are in regular contact with the Ambulance Service. They have worked on a number of initiatives including Audits and the use of Clinical

Advisors in the call centre to try and improve the accuracy of ambulance dispatch. There has been a reduction in ambulance dispatch rates from initial levels of 20% to levels which range from 5-10%. This is more in line with levels experienced elsewhere in the country.

3.2.2 Impact on Emergency Departments and the GP led Health Centre

In the first couple of weeks there were some reports of small numbers of inappropriate attendances at Emergency Departments but in the main there have been no significant concerns. There has been an increase in pressure generally on Emergency departments since October 2012, which has been consistent with the national picture of growing emergency pressures and occurred before the launch of the 111 service.

3.3.3. Impact on B&NES Emergency Medical Services (Out of Hours GP Provider)

There has been an increase in the activity referred to the B&NES Out of Hours GP provider and some difficulties with the transfer of information from the call centre to the service. However, these increases in activity include some agreed contingency arrangements, which are set out below in section 3.4.

3.3 Actions to Improve Performance

A rectification plan has been produced to improve performance. This includes actions to significantly increase the number of Health advisers and additional clinical call handlers. A weekly rectification meeting is taking place chaired by commissioners to monitor progress with the production of an agreed weekly dashboard.

3.4 Contingency Arrangements

As a result of Harmoni not meeting KPIs on a consistent basis, in March this year a decision was taken by the Commissioners to implement a local contingency process for health care professionals who may also need to access the 111 service as part of managing a patient's care pathway. On an interim basis Health care professionals are able to by-pass the service and contact Out of Hours providers directly. This reduces the volume of calls directed to the 111 service from clinicians. This contingency will stay in place until the service operates at the levels specified in the contract.

Additional capacity has been secured with the Out of Hours provider to help manage additional call demands. Wiltshire Medical Services which provides Out of Hours GP care in Wiltshire provides an additional contingency of streaming 6 calls per hour for clinical advice.

The national 0845 NHS Direct number also remains in place.

3.5 Significant Events, Patient Complaints and Health Care Professional Feedback

3.5.1 Significant events

The Commissioners have identified 5 serious incidents since 19th February 2013 that relate to B&NES & Wiltshire. The significant events are being investigated by Harmoni the BaNES CCG Quality Teams.

3.5.2 Complaints

Harmoni capture all complaints/compliments via Health Care Professional (HCP) Forms. To date approximately 150 HCP forms have been sent to Harmoni. The Clinical Commissioning Group's Clinical Governance Lead and Quality Team are reviewing these forms and the provider's responses. The CCG and Harmoni will meet on the on the 9th May 2013 to jointly review progress.

There is a local Clinical Governance Group (covering) B&NES & Wiltshire and a Regional Clinical Governance Group (covering all geographical areas covered by the contract). Both groups meet approximately monthly to oversee any clinical issues relating to the service.

3.5.3 Compliments

There have also been a number of compliments about the service. To date, Harmoni have received 12 compliments from patients who were very pleased with the service that they received. These relate to patients from all geographical areas.

4.0 Next Steps

The CCG will continue to work with Harmoni to implement the service locally and raise local performance. Based on the agreed rectification plan it is anticipated that the service will be able to deliver performance in line with national and local specification requirements by no later than the end of June.

NHS England has written to Commissioners set out a new timetable and gateways for the roll out of NHS 111. The aim is to assure that all aspects of the service are ready for the next stage of roll out in terms of capacity, functionality, performance and resilience across the country. The national expectation was that all areas will be live by 25 June 2013 but this may be subject to change in light of a review of the 111 service by NHS England.

Full service commencement will occur when it is demonstrated that an acceptable level of performance have been reached and Harmoni are able to respond to Health Care Professional calls and those currently being managed through the 0845 NHS Direct number.

Panel members may wish to request a further update on the progress of the local service in 3 months' time as a separate stand alone briefing item or as part of the Clinical Commissioning Group's regular update on key matters of interest.