

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

2.0 Launch of NHS 111 in B&NES

Locally, the NHS 111 service provided by Harmoni was introduced on the 19th February 2013. Members will be aware that the early introduction of the service was problematic with poor performance across a range of measures including response times, abandoned calls, referrals to the ambulance service and staff sickness/absenteeism. The key 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%).
- The warm transfer rate (95% of calls which require transfer to a Clinical Adviser are done so by 'warm transfer' ie. without calling the patient back)

2.1 Actions to Improve & Current Performance

A rectification plan was produced to improve performance. This included actions to significantly increase the number of Health Advisers and additional Clinical Advisers . Weekly rectification meetings have taken place chaired by commissioners to monitor progress with the production of an agreed weekly dashboard. As a consequence there have been significant improvements in local performance. The table at Appendix 2 shows performance for the Month of August.

2.2 Further roll-out and implementation of the service

On the 28th August 2013 Commissioners made a recommendation that the local service should proceed to the next phase of implementation. There is a national checkpoint process and Harmoni are now ready to proceed through to Checkpoint 5. This means that calls that the NHS direct service will be switched off for patients within B&NES and in other local geographical areas covered by Harmoni and these calls will be re-directed to the 111 service.

2.3 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 currently remains in place.

2.3.1 Clinical Governance

Now that the initial problems associated with the launch of the service have been addressed the process for monitoring Clinical Governance has been reviewed and updated and set out in the Quality Schedule for the contract. This will bring the NHS 111 reporting requirements in line with other providers.

2.3.2 Revised arrangements

A Quality Monitoring Review Group has been established with the remit to ensure that NHS 111 delivers on all contractual terms and conditions relating to quality and patient safety as set out in the Service Specification.

2.3.3 Monitoring process

NHS 111 will be required to provide assurance that they have robust Clinical Governance arrangements in place and that these are embedded across the service via monthly qualitative reports to the Quality Monitoring Review Group. The focus of these reports will be on clinical effectiveness, patient safety and patient and professional experience of the service.

Other assurance will be sought outside of the quality meetings as necessary, including quality visits to establish how the governance arrangements are embedded in practice and how the lessons learned from audits, complaints, incidents and feedback from patients, staff and professionals are used to improve the service.

2.3.4 The NHS 111 Clinical Governance Group

This group was established to ensure that quality and patient safety was at the core of the NHS 111 service and will continue, but will be more seminar based focusing on addressing operational issues across a pathway. This will ensure that the strong clinical focus is retained while addressing issues that impact on patients, clinicians and managers at the interface with the NHS 111 service. In addition, there is also a monthly Avon, Gloucestershire and Wiltshire wide NHS 111 Clinical Leads Group, of which Dr Elizabeth Hersch is a member, and which also aims to improve quality in the whole patient pathway e.g. a review of ambulance dispositions to A&E.

2.3.5 Providing Board Assurance

The Quality Monitoring Review Group will report to the BaNES and Wiltshire CCG Boards via the Strategic Quality Monitoring Committees and will provide regular reports on progress as well as highlighting areas of concern.

3.0 Next Steps

The CCG will continue to work with Harmoni to implement the service locally and ensure that local performance is maintained.

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