

NHS 111 Update for HWOSC

Background

NHS 111 was identified in the White Paper, *Liberating the NHS* as a new national NHS service, providing a telephone advice line for patients with urgent health problems which require assessment but which are not so serious as to require a 999 call. The service is free to callers, 24 hours a day, 7 days a week, 365 days a year and makes it easier for people to access local NHS healthcare services. NHS 111 has incorporated services previously offered by NHS Direct and the telephony components of the GP Out of Hours (OOH) services.

The public should call NHS 111 when they:

- Need medical help fast but it's not a 999 emergency
- Don't have a GP or know how to access healthcare
- Think you need A&E or other urgent care service
- Need health information, reassurance or advice on what to do next

NHS 111 will provide each caller with:

- A clinical assessment without the need for a call back
- Ambulance dispatch without delay (if emergency)
- Referral to services with appropriate skills and capacity to meet their needs
- Self-care advice when appropriate
- Transfer of clinical assessment data to other services for onward care

Benefits of NHS 111:

- Improved access to urgent care services
- Improved efficiency of NHS services
- Increasing public satisfaction and confidence in using NHS services
- Enable the design and commissioning of more effective and efficient services

Implementation across Kent, Medway, Surrey and Sussex

The NHS 111 service went live on 13 March, with calls from South East Health (now IC24), MedOCC OOH and the NHS Direct 0845 number. During the first week of go live, the service was significantly challenged due to a major technical issue where clinical information could not be sent electronically to the OOH GP service. This was despite significant system testing by the Department of Health in the 2 weeks lead up to go live. Clinical information then had to be faxed by call handlers to the OOH providers, taking them away from the phones and causing a backlog of calls. In addition, from go live, the service was significantly challenged and unable to manage the volume of calls due to both insufficient call handling capacity and provider senior management capacity. As a result, the provider was issued with a contractual performance notice and an improvement plan was implemented.

Following implementation of the improvement plan, performance of the NHS 111 service improved significantly on the majority of key performance standards i.e. calls abandonment rate and calls answered within 60 seconds.

The service then went 'full' go-live on 13th August, with all remaining activity from North Hants Urgent Care OOH (Surrey Heath CCG), MedOCC OOH (Medway CCG) and NHS Direct being transferred into the service.

Although the majority of performance standards are being met on a daily basis (calls abandonment rate and calls answered within 60 seconds), there are still ongoing issues with warm transfers (transfer of call to clinician) and the clinical call back times (within 10 minutes). Part of this issue is the lack of clinical resource within the service – unable to put through a warm transfer which causes

extended call back times. As a result, the provider was issued with a contractual performance notice in December and commissioners are currently working with the provider to put effective plans in place to improve this aspect of the service.

Current situation

The NHS 111 service is now consistently responding to calls with more than 95% being answered within 60 seconds and abandoned calls are predominantly less than 1% even at peak weekend periods. Activity is generally around 80% of planned/expected and the majority of service standards are improving as the service develops.

It was expected that the service would be significantly challenged over the Christmas/New Year period and commissioners worked with the provider to ensure that effective and resilient plans were in place to manage the surge in activity. As a result, the service managed the increase in demand, utilising national contingency during peak hours (calls diverted to other 111 providers with available call capacity) and there have been no reports to show that there were any significant increases in activity elsewhere in the local healthcare economy.

Since the launch of NHS 111, there have been various anecdotal reports from acute providers and other stakeholders suggesting that NHS 111 was the cause of the 'continued' pressure on A&E. However, there is no data or evidence to back up these reports and the number of patients being referred to A&E is approximately the same as previously referred by NHS Direct. We are now working closely with providers from across the local healthcare economy to ensure that the correct pathways are in place for NHS 111 to direct patients into the most appropriate services, first time.

Governance

Operational

The Sussex Collaborative Delivery Team (SCDT) in conjunction with commissioner project leads are now leading for Sussex and working together with the other commissioners across Kent Surrey and Sussex. The programme is moving into a sustainable structure where regular clinical and management meetings will audit and review all the soft intelligence and available data to ensure a safe, responsive, effective service is provided within Sussex.

The SCDT hold monthly NHS 111 Business/Operational meetings with representation from all Sussex CCG's and respective clinical and quality leads. The group look to resolve any local operational issues and are now starting to develop a benefits realisation strategy.

Clinical and Quality

Sussex has a monthly NHS 111 Clinical Governance meeting with representation from CCG,s and stakeholders across the local healthcare economy. The meeting is chaired by Dr Grant Kelly (NHS 111 Sussex Clinical Lead) where local issues are discussed and a selection of NHS 111 calls are monitored for the purposes of end to end testing of the patient pathway.

Communication and Public Awareness

Initially, we only did some low key marketing of the NHS 111 service i.e. posters and leaflets in GP practices and healthcare providers. More recently, the service has been highlighted as part of the 'we could be heroes' campaign in Brighton and Hove which aims to provide the public with information on the available services in the city and when they are appropriate.

NHS England have put a hold on any national or local mass media campaigns as there are still areas in England that have not yet went live.

If a member of public calls NHS Direct (not in service) or their GP when they are closed, then voicemail messages will direct them to the NHS 111 service.

Local News

NHS 111 was highlighted in the recent Brighton and Hove Healthwatch report on 'Urgent Health Care Services' and a number of conclusions were drawn up and recommendations made. It should be noted that of the small number of people surveyed (169), only 16 of those had actually used the service.

Many of the recommendations in the report i.e. concerns around staff training, promotion of service and the triage questions had already been addressed in the August addition of the Healthwatch Newsletter via an FAQ style article. We are currently in the process of developing this FAQ article further to answer all the questions raised.

The future of NHS 111

As part of the National Review of Urgent and Emergency Care, NHS 111 has been identified as the service that will ensure patients with urgent care needs get to the right service in the right place at the first time. NHS 111 will be significantly enhanced so that it becomes the 'smart call to make', creating a 24 hour, personalised priority contact service. The enhanced service will provide:

- Relevant access to patient records
- More appropriate use of clinicians – direct access where required
- Direct appointment booking into referral services including GP's

Commissioners will work with the provider to ensure that the service is able to put these enhancements in place.