

## Health Scrutiny Committee

18 September 2013

### NHS 111 Service

#### **Purpose of the report:** scrutiny of NHS 111 service

The Committee will scrutinise the outcomes in the first six months of the service, to identify whether it is having an impact on A&E attendances and ambulance conveyance rates. The Committee will also explore the patient experience of the service.

#### **1. Introduction**

The NHS 111 service has replaced NHS Direct as the single number to call for urgent care advice in Kent, Medway, Sussex and Surrey (KMSS). Calls to the existing out-of-hours services in Surrey, Sussex and Kent have been diverted to the new 111 number and information about the number is now being promoted to the wider public.

The NHS 111 service has been introduced to provide a single point of access for people needing urgent NHS healthcare, when it is not an emergency. One of the aims of NHS 111 is to alleviate the inappropriate use of services such as 999 and local A&E departments, so they can focus on life-threatening emergencies.

NHS 111 is staffed by a team of fully trained advisers, supported by experienced clinicians, who ask callers questions to assess symptoms, give healthcare advice and direct to the right local service as quickly as possible. This can include a local GP, GP out-of-hours service, urgent care centre, community nurses, emergency dentist or late-opening pharmacy.

Call handlers undergo an extensive training and induction programme. This includes six weeks' training to use NHS pathways, plus additional training and coaching as part of their induction. On average, there is one clinician to every 4 call handlers in KMSS.

When someone calls NHS 111, they are assessed straight away. If it is an emergency, an ambulance is despatched immediately without the need for any further assessment. For any other health problems, the NHS 111 call advisers are able to direct callers to the service that is best able to meet their needs.

NHS 111 is staffed 24 hours, 365 days a year. Calls from landlines and mobile phones are free.

#### **2. Commissioning responsibility**

The KMSS NHS 111 service has been jointly commissioned by the constituent Clinical Commissioning Groups (CCGs) of KMSS, with East Surrey CCG as 'lead commissioner' for Surrey and Swale CCG as contract lead. The service is delivered by South East Coast Ambulance Service (SECAmb) and their subcontractors, Harmoni.

The Surrey & Sussex and Kent & Medway Commissioning Support Units support CCGs in the commissioning and performance management of NHS 111 services locally.

#### **3. Service Launch**

NHS 111 launched to the public in KMSS on Tuesday 13<sup>th</sup> August 2013 following a 'soft launch' period which allowed call volumes to build up gradually.

During the 'soft launch' period calls from the existing GP out-of-hours services (and later NHS Direct) were directed into the NHS 111 service. The NHS 111 number was not publicised during the soft launch period. However, GP answer machine messages were changed to reflect the use of NHS 111 rather than the GP out-of-hours telephone numbers.

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The service was launched in line with the national and KMSS NHS 111 service specification and initially showed good performance. However, shortly after 'soft launch' it was clear the service was having some significant capacity and operational problems. As with any new service or system, there were initial problems which, despite thorough testing would not be fully identified until operational.

The challenges the NHS111 KMSS service has experienced can be summarised into four main groups:

- **Incorrect activity profile / Numbers of staff** - being insufficient for the volume of calls at weekend peaks, and knock-on impact on Professional Support Line (PSL) staffing
- **Technical issues** – initial and subsequent technical issues e.g. the power outages at both call centres
- **Management** – personnel and processes – in order to address the significant issues experienced there was insufficient senior leadership and programme resource (which has produced difficulties in the capacity to investigate and respond), and problems with the management information and reporting.
- **Clinical concerns** relating to three main areas:
  - Inability to access the service;
  - Delay in getting through to a clinician and/or the required service; and
  - Being transferred to an inappropriate (or perceived to be inappropriate) service – this can be related to staff error, NHS Pathways issues, Directory of Services (DoS) issues or the service itself not delivering what is commissioned for.

#### 4. Rectification Period

Concerns about the performance of the NHS 111 service were identified and raised with SECAMB. Commissioners served SECAMB with a performance notice and as a result a joint rectification plan was agreed.

The plan covered the following workstreams:

- **Clinical Governance** – monitoring of Health Care Professional (HCP) feedback, Complaints, PALS (The Patient Advice and Liaison Service), SIRIs (Serious Incidents Requiring Investigation). As part of this, the clinical standards and the safety of patient care by NHS 111 in KMSS are being monitored through a nationally accredited system of clinical governance. A regional GP clinical lead and a GP lead for each of the three counties have been meeting three times a week with the clinical teams from SECAMB and Harmoni to review performance.
- **Workforce** – Increasing number of Health Advisors, Clinical Advisors and GPs. As part of this, each week the provider shares workforce reports which are scrutinised by members of the Executive Oversight Group.
- **Operations** – reviewing operating procedures, performance management, management structures
- **Technology and Business Information** – reviewing IT infrastructure and improving access to Business Information

There has been a demonstrable improvement in performance over the past couple of months. Although performance continues to be monitored, we are confident the standards being attained are safe and in line with national standards.

#### 5. Current Service Delivery

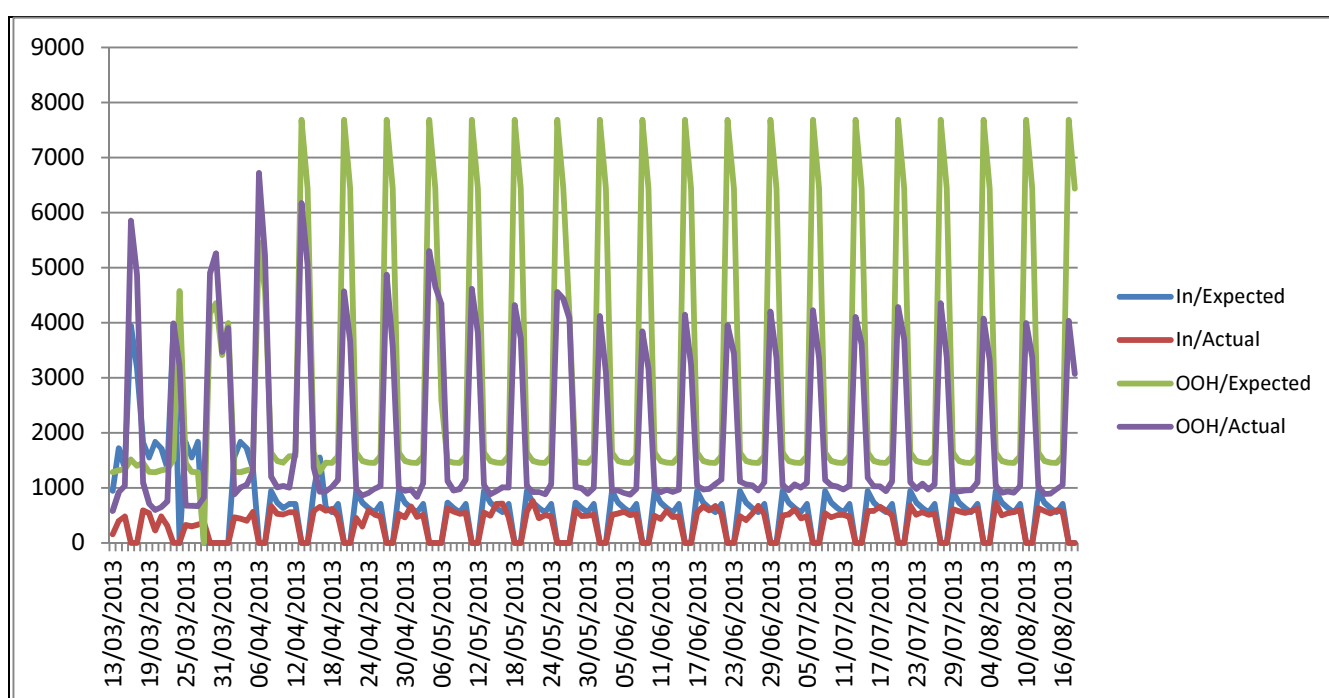
As a result of measures taken, SECAMB is delivering a clinically safe service and meeting the majority of Key Performance Indicators (KPIs) on a regular basis. Providers, commissioners and commissioning support units are continuing work to improve resilience, particularly at times of peak call volumes.

Regular reviews are maintained of performance measures. Situation Reports are reviewed internally by provider senior management on a daily basis and reviewed weekly with commissioners. On behalf of commissioners, the commissioning support units undertake weekly reviews of projected and actual calls, rostering patterns and individual performance metrics.

The NHS 111 service is handling around 1,500 calls per day during weekdays and around 4,000 per day at weekends. Calls are routinely answered within 60 seconds. The duration of calls is also reducing<sup>1</sup> and where patients need to speak to a clinician; this is being achieved more rapidly than ever before.

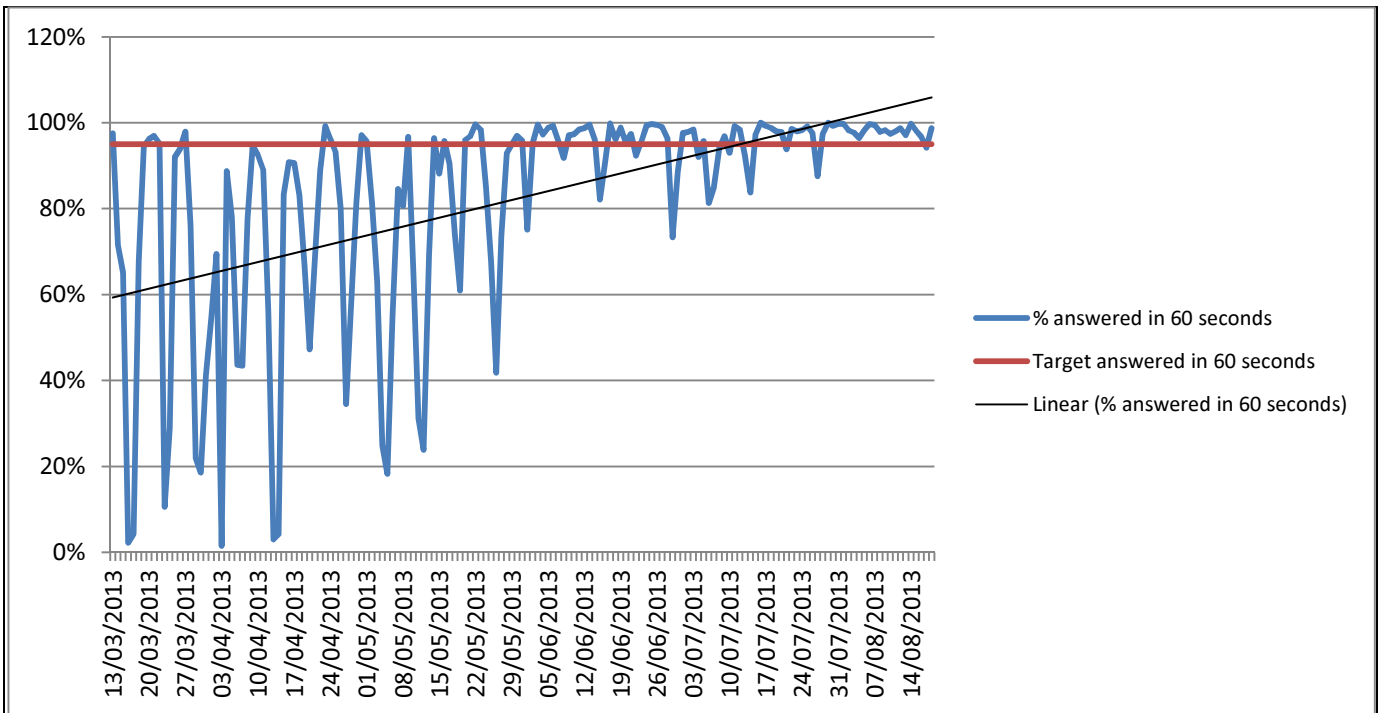
Currently, over 96% of calls are being answered within 60 seconds (target 95%) and call abandonment rate is around 0-1% (target <5%).

**The chart below shows Call Volume (expected versus actual in hours/out-of-hours) since Go Live:**

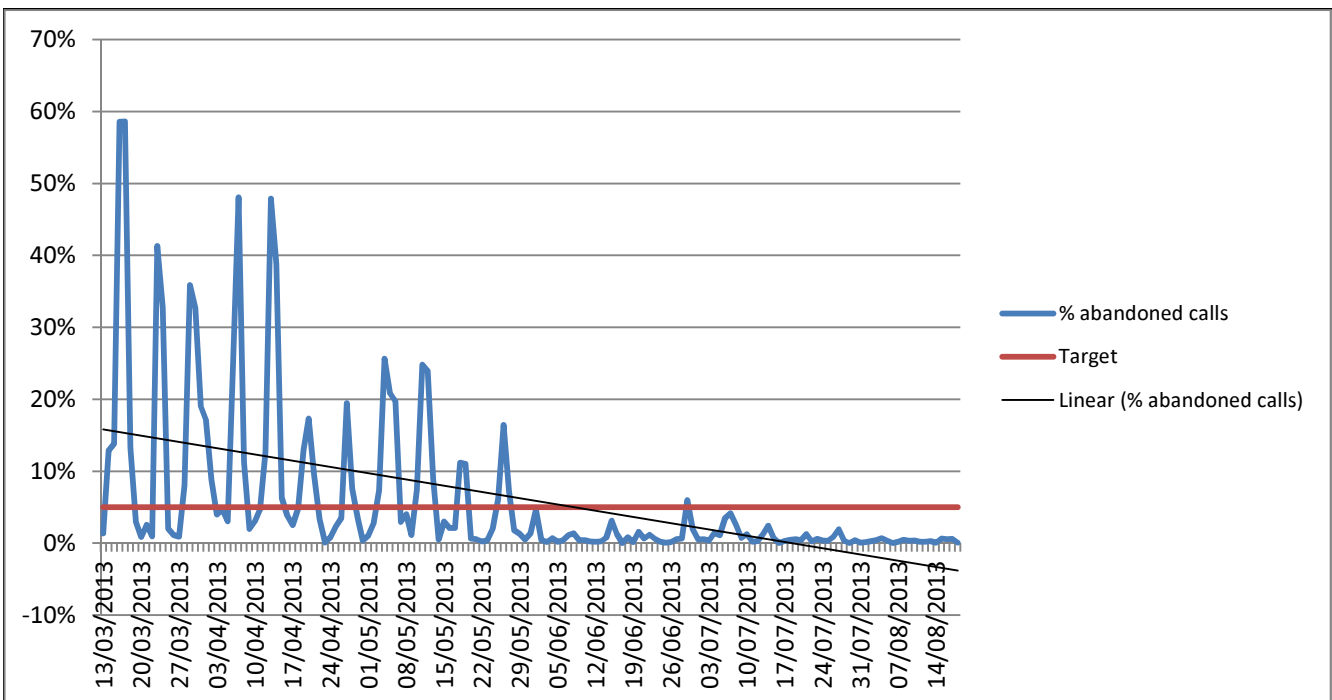


<sup>1</sup> Health Advisor calls last approx 7 ½ minutes. Clinical Advisor calls last approx 5 ½ minutes

The chart below shows % Abandoned Calls (<5%) since Go Live:



The chart below shows % Calls Answered in 60 seconds (>95%) since Go Live:



## 6. Directory of Services

NHS 111 can send people to the appropriate health care provider in the KMSS healthcare system via a tool called the Directory of Services (DoS). The DoS is a directory of services available to patients in KMSS, and these services are profiled to show what types of conditions they can deal with. The clinical assessment performed by call handlers using NHS Pathways (the clinically approved telephone triage tool used), gathers information that indicates the specific clinical skills needed by the patient. This information is used to perform a search on the directory to find a service local to the patient, which has all the clinical skills required, ensuring they are directed to the right place, first time.

As every search is captured, the reporting within the directory enables commissioners to identify the demand for particular skills. It also enables commissioners to see which services were available to deliver particular skills, and crucially, which services missed by one or two criterion. For example, if a particular service met all needs but was not open at the right time, this data can be collated to see how many additional referrals the service would get if it extended its opening hours. This allows commissioners to change local service provisions. Additionally, if patients are being sent an ambulance or to A&E for certain health issues that can be treated in the community, commissioners are able to analyse the data from the area and commission services to meet the demand.

### Outcomes of calls to date

- 15% of calls were directed to a clinician
- 9% of calls resulted in an ambulance referral
- 37% non-conveyance rate for ambulance referrals which is in line with rates seen in the 999 service
- 5% of all calls resulted in a referral to A&E departments

## A snapshot of 1 weeks referrals (65% of triaged calls resulted in a referral to another service)

DoS Team Type	Total
Community Based Services	2
Dental Services	208
District/Community Nurse Non-Prescriber	10
Emergency Department	723
GP in hours	882
GP OOH Provider	5460
Mental Health	4
MIU	20
Nurse-Led WIC	21
Pharmacist	50
Sexual Health	1
Social Care	1
Specialist Service	2
SPoA	3
UCC	4
WIC	73

### 7. Impact on A&E and 999

There is no evidence NHS 111 is increasing demand on local accident and emergency or 999 services.

There is also no evidence nationally that the NHS 111 service has put pressure on local accident and emergency departments. The Health Select Committee report published 24<sup>th</sup> July 2013 on urgent and emergency services stated that the trends and causes in the level and nature of demand for urgent and emergency are not clear.

Dr Clare Gerada, Chair of the RCGP also questions whether there has been any real terms growth in emergency department attendances and activity over the last year. NHS England is clear that despite much analysis there is no single trend or factor to explain the pressures on urgent and emergency services and the issues vary both across the country and within the same areas where similar factors apply.

It was always anticipated that a proportion of calls would, correctly, be passed through the 111 system to 999 – as they did previously from out-of-hours providers and from NHS Direct. As the service has developed this proportion has reduced, supported by immediate real-time feedback from ambulance staff which has proved extremely useful. Nationally the KMSS region has been among those with the lowest referral rates to 999, reflecting the 999 experience brought by SECamb.

### 8. Patient Experience

The NHS 111 service aims to both enable the best outcome for the patient as well as deliver an improved patient experience through assessing the specific needs of an individual and connecting them with the most appropriate source of care in the most appropriate timeframe.

Feedback from patients and healthcare professionals is encouraged since it is recognised that this insight is a great way to improve the standard of care offered to patients. Many of the improvements that have been made are the direct result of the comments SECamb have received and which have informed the system improvements, staff training and IT changes which have been made.

SECamb have recruited an additional 194 new Health Advisors, 16 Clinical Advisors, 24 GPs and increased management capacity. Recruitment of Clinical Advisor staff is continuing in order to ensure that numbers of

clinical staff are sufficient to cope with the projected rise in demand over the winter period and to better serve patients through rapid access to a clinician when necessary.

There have been 188 complaints to date, which represents 0.08% of calls (349,988 total calls answered). SECAMB are now receiving a steadily increasing number of compliment letters, focusing primarily on positive experiences of patients and relatives and highlighting professional and efficient service in accessing care in and out of hours. In addition to this, NHS 111 continues to receive a steady number of Health Care Professional feedback referrals, highlighting suggested areas of improvement and illustrating case studies to improve services. To date, SECAMB has received 821 such feedback submissions.

Patient satisfaction surveys are under development and are in the process of being implemented into the NHS 111 quality review process. In addition to this, NHS 111 has engaged with a number of patient groups in developing a 'mystery shopping' process to help improve access to the system for those with specific special access needs such as sensory impairment and to improve the quality of education and training given to both clinical and non clinical staff.

Feedback is also being sought from staff within the NHS 111 service in the form of exit interviews when members of staff chose to leave the employment of the service and through the use of suggestion boxes and 1:1 meetings with line managers.

Patients can give their views via the NHS 111 Patient Advice and Liaison Service (PALS) on **01737 363866** or submit feedback online [secamb.nhs.uk/contact us/patient advice.aspx](http://secamb.nhs.uk/contact-us/patient-advice.aspx)

Healthcare Professionals can download a feedback form from [www.secamb.nhs.uk/contact us.aspx](http://www.secamb.nhs.uk/contact-us.aspx) and sent it to [hcpfeedback.sec111@nhs.net](mailto:hcpfeedback.sec111@nhs.net).

## 9. Conclusion

This report invites the Health Scrutiny Committee to consider the NHS 111 service.

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