

## Joint Health Overview and Scrutiny Committee

### UPDATE ON NHS 111 SERVICE

#### 1. Introduction

The NHS 111 service is free for people to call, it will assess and advise people what service they need when they think they have an urgent need for care and are unsure what to do.

The provider of the NHS 111 service for the whole of Nottinghamshire (excluding Bassetlaw) is Derbyshire Health United (DHU). The service went live in March 2013 and from April 2014; the service started managing the calls to GP practices out of hours for Mansfield & Ashfield and Newark & Sherwood CCGs.

As part of a national review of urgent and emergency care, NHS England has published a revised set of service standards for NHS 111 in June 2014 and a further iteration is expected after the General Election.

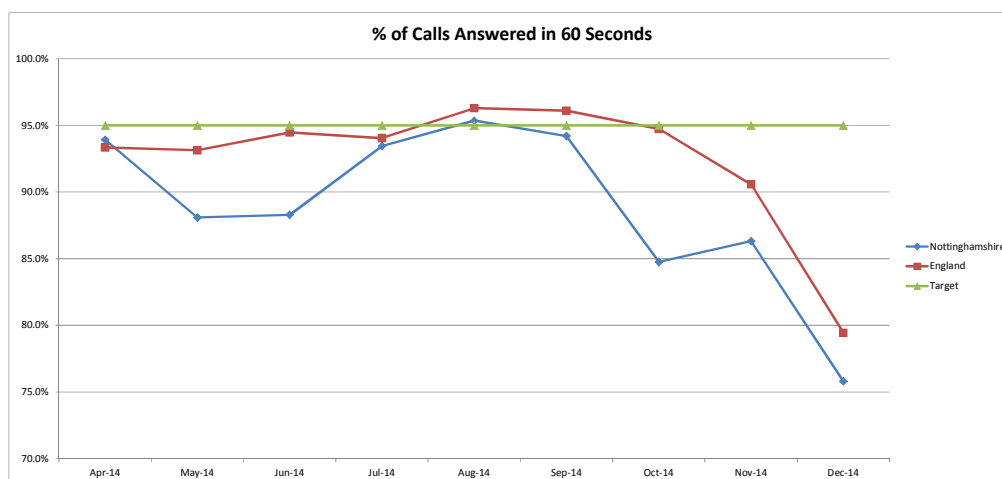
The current contract with DHU runs until March 2016 and therefore, a competitive procurement process is likely to be initiated in the near future.

#### 2. Performance

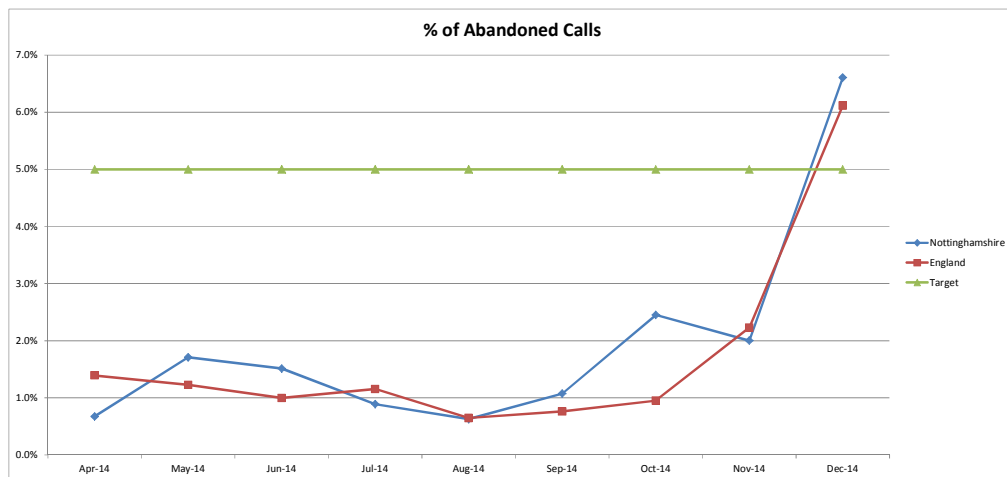
##### 2.1 CALLS ANSWERED IN 60 SECONDS AND CALL BACKS

The update to the Overview and Scrutiny Committee in September identified that the performance of the NHS 111 Service for Nottinghamshire on the proportion of calls answered in 60 seconds, the number of patients who require a call back and the time they wait for that call back were of particular concern.

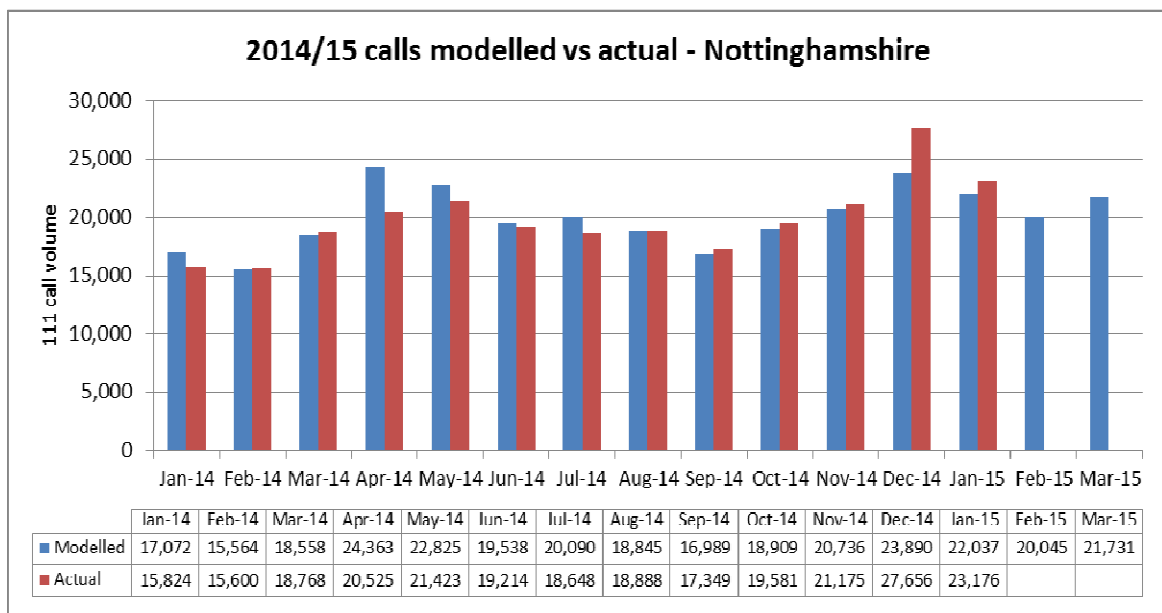
As can be seen, the target for 95% of patients to have their calls answered in 60 seconds has only been achieved in one month in 2014-15 to date. Performance has deteriorated over the winter months as activity levels have increased.



In spite of this, the target that no more than 5% of calls should be abandoned has largely been met:



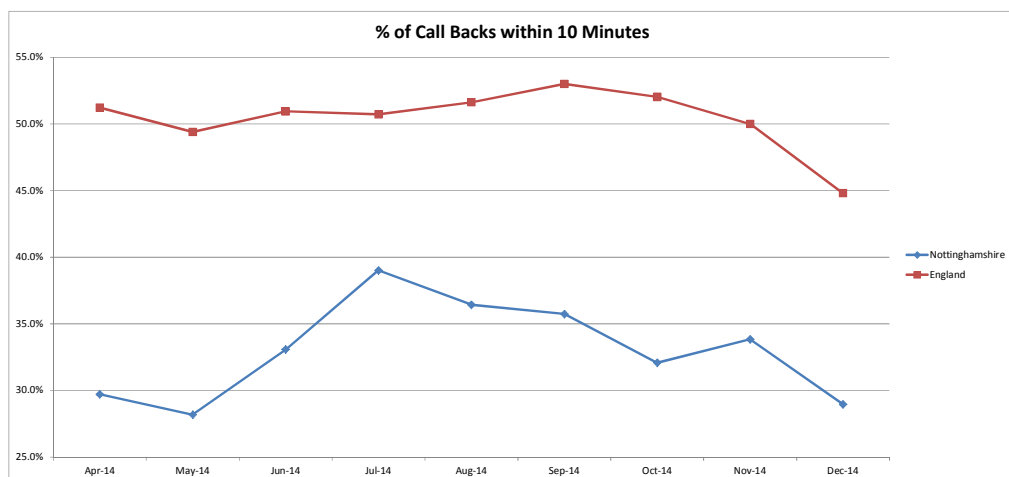
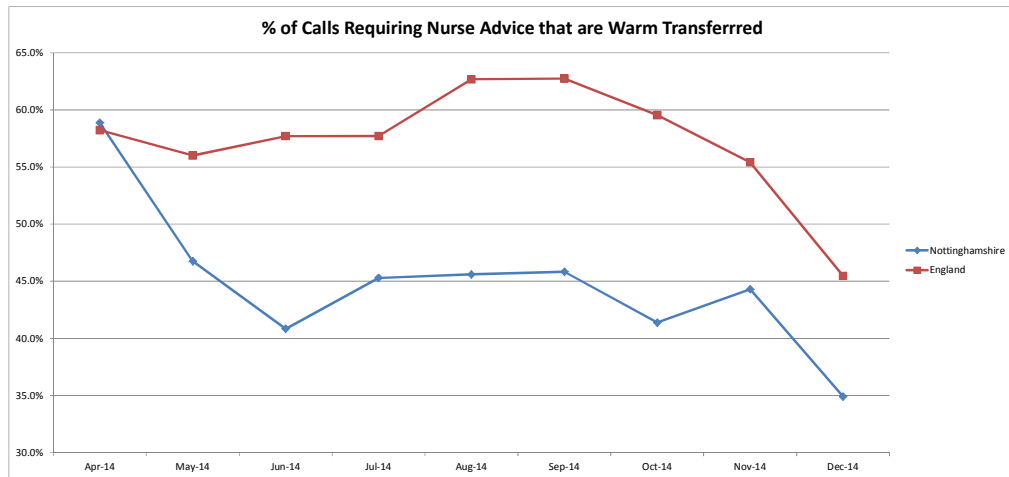
The exception to this was December 2014 when performance was affected by unprecedented demand every weekend from the start of the month and then over the Christmas period. The activity levels at these times were between 25% and 40% higher than had been predicted based on the experience of December 2013 and the 8 weeks leading up to the beginning of December 2014. Excluding the impact of NHS 111 having taken over responsibility for answering calls to the GP out of hours service in the north of the county, overall, activity in December was around 35% higher than in the same month in 2013.



Whilst there are no specific national targets relating to call backs, locally we have agreed targets that:

- at least half of patients who need to speak to a nurse should have their call warm transferred (i.e. they are passed straight to the nurse as part of the same initial call)
- the majority of patients who require a call back should receive the call back within 10 minutes

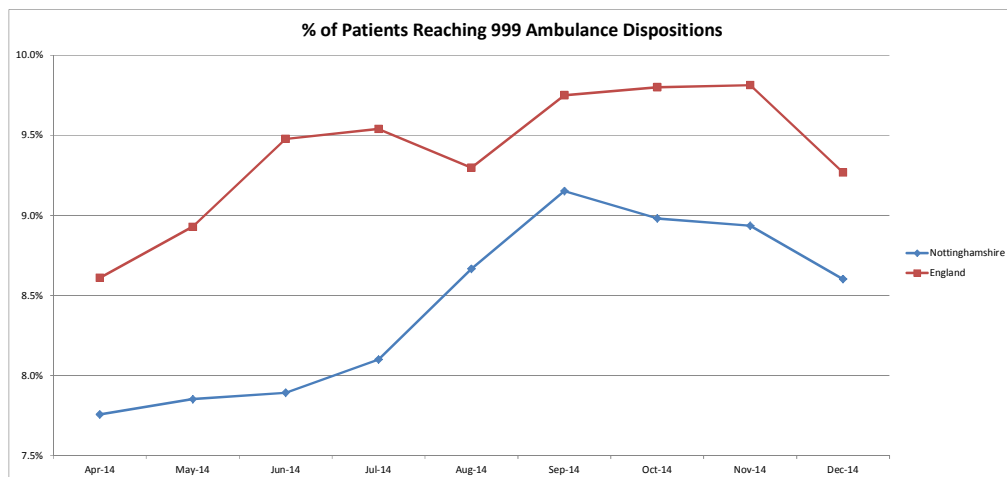
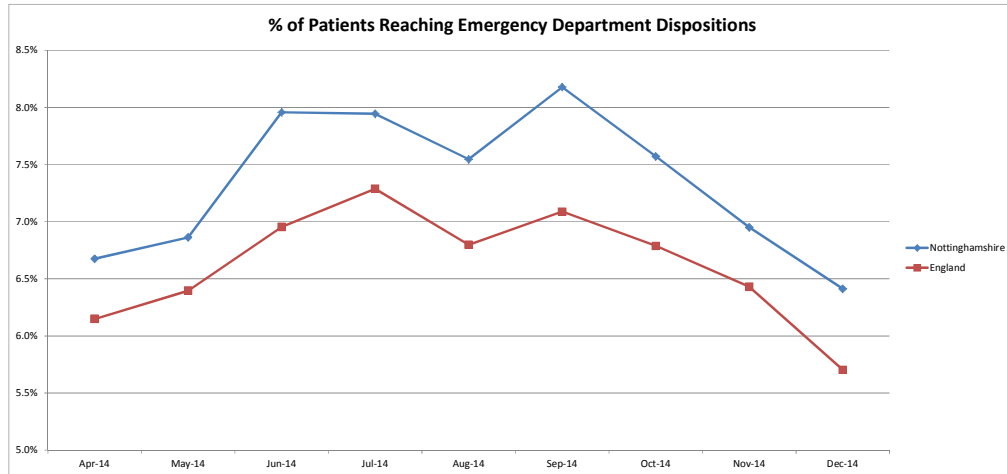
Performance in these two areas in Nottinghamshire and England as a whole is contained in the graphs below:

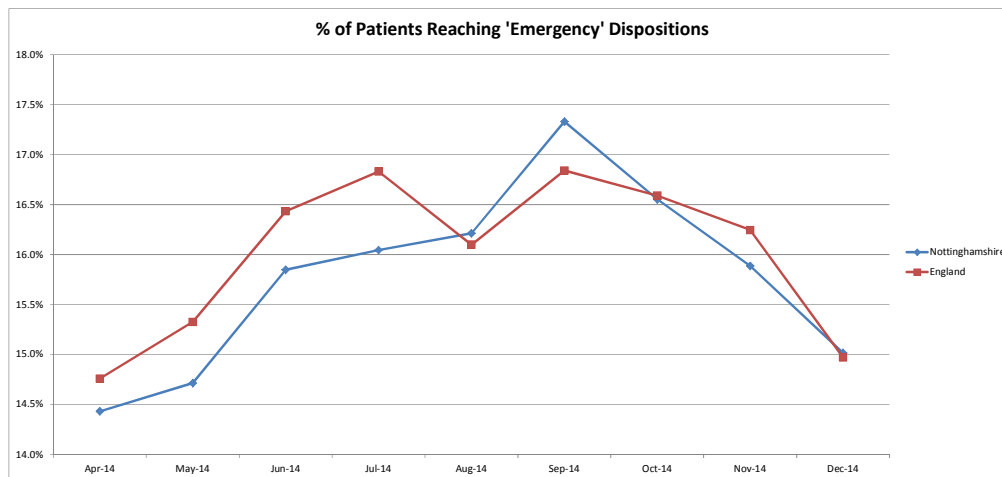


## 2.2. Patients Advised to Attend Emergency Departments or Sent an Ambulance

The main focus of concern, both nationally and locally, about the outcomes of calls to the NHS 111 service has been around the proportion of calls that end with the person being despatched an ambulance or advised to attend the Emergency Department.

The graphs below show the % of patients referred to the Emergency Department or a 999 ambulance response in Nottinghamshire compared to the national average; plus a chart showing the combined number of referrals to these emergency services.





Between April 2014 and December 2014, the average national rate of referral to emergency services was 15.9%, within Nottinghamshire it was 15.7%; this equates to around 250 fewer referrals to emergency services than would have been the case at the national average.

Delivery of improvements in the proportion of calls being directed to the Emergency Department is not solely the responsibility of DHU as, in part, it will depend on the availability of alternative services within the health community. The CCGs have an alternative service from Nottinghamshire Healthcare Trust for people in crisis who were historically directed to the Emergency Department; the Area Team have commissioned additional capacity in emergency dental services and the CCG is in the process of commissioning an urgent care centre that will provide an alternative to the Emergency Department in a number of areas.

### 3. Performance Improvement Plan

A copy of the Performance Improvement Plan is attached at Appendix 1, the key features are:

- recruitment of additional call advisors and nurse advisors
- recruitment of dental nurse advisors to better support patients with dental issues
- source additional nurse advisor capacity via agency and / or other NHS 111 providers
- source contingency capacity from another NHS 111 provider
- improving the efficiency and effectiveness of workforce management systems and processes (including the management of absence)
- provide additional training to help staff reduce both call length and emergency dispositions

Implementation of the Performance Improvement Plan should ensure that targets are achieved from week commencing 2<sup>nd</sup> March. The difficulty in recruiting and retaining nurse advisors means that this is the area where there is most risk that the plan can not be implemented; this would impact on the warm transfer rates and percentage of call backs taking place within 10 minutes.

#### 4. Quality and Patient Experience

A copy of the most results of the most recent patient experience survey is attached at Appendix 2, as can be seen:

- 97% of callers reported that they followed some (10%) or all (87%) of the advice from NHS 111
- 87% of callers were fairly (14%) or very (73%) satisfied with the service
- 34% of callers said they would have gone to A&E or called 999 if they hadn't contacted NHS 111

In 2014 there were 0 serious incidents relating to the NHS 111 service in Nottinghamshire.

On average, the service receives around 4 complaints and 4 compliments each month and handles around 9,000 calls each month. NHS 111 also gathers feedback from healthcare professionals working in other services (e.g. ambulance crews, GPs and GP out of hours service providers). All the calls that generate a complaints or healthcare professional feedback are reviewed by DHU and the NHS 111 Clinical Lead, Dr Christine Johnson.

Every call advisor and nurse advisor has a number of their calls audited against the criteria in the table below, the average scores achieved by staff employed by DHU are generally significantly higher than the pass mark of 86%:

Criteria	Ave. Score Oct. 14	Ave. Score Nov. 14	Ave. Score Dec. 14
1. Effective Call Control	96.5	97.1	97.5
2. Skilled Questioning	97.3	96.8	97.1
3. Active Listening	98	98.2	99.4
4. Skilled Provision of Information & Advice	98.6	97.7	98.9
5. Effective Communication	98.7	99	99.5
6. Practices According to Designated Role Requirements	94.1	94.5	93.7
7. Skilled use of Pathways Functionality	97.9	97.9	98.3
8. Delivers a Safe and effective outcome for the patient	94.7	93.8	95.6
<b>Overall Average</b>	<b>96.9</b>	<b>96.9</b>	<b>97.4</b>

## **5. Engagement in the Re-Procurement of the NHS 111 Service**

As mentioned in the introduction, a competitive procurement process to provide the NHS 111 Service from April 2016 onwards is likely to be initiated in the near future. The re-procurement will be informed by the experience that has been gained over the past few years and the national pilots that are gathering evidence on how the NHS 111 Service can be improved. A programme of engagement with the local population and health community is also being planned to help inform the re-procurement exercise.

The Committee is asked to consider any issues that it would wish to see addressed via the re-procurement exercise and any recommendations it may wish to make about how the engagement with the local community around the re-procurement should take place.

Stewart Newman  
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