

Joint Health Overview and Scrutiny Committee

UPDATE ON NHS 111 SERVICE

1. Introduction

Nottingham City PCT was one of five national pilots of the NHS 111 service; the service having been launched in November 2010. 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.

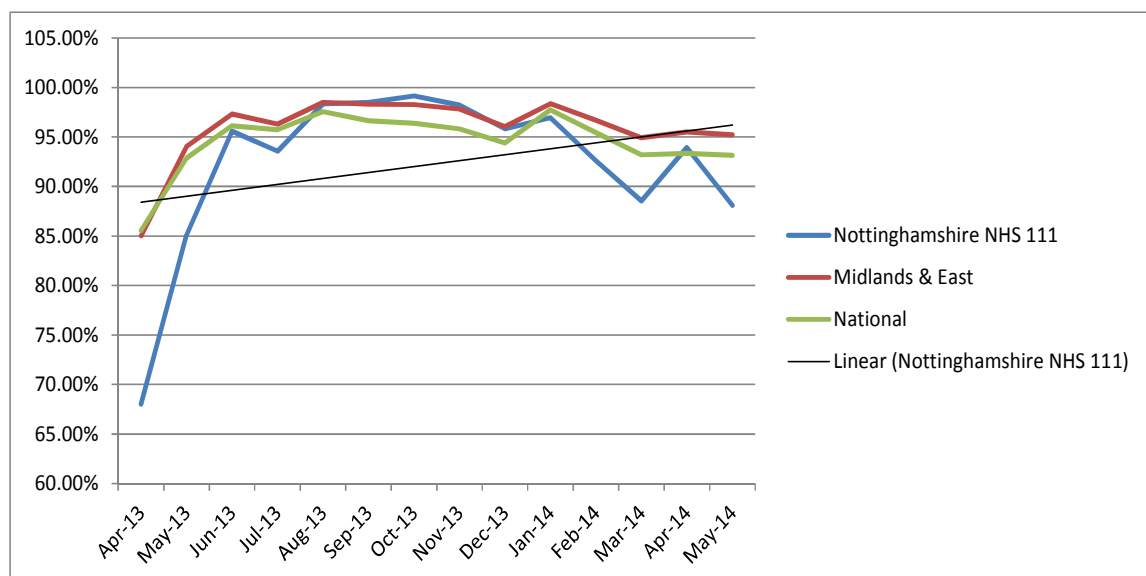
A procurement exercise for a service for the whole of Nottinghamshire (excluding Bassetlaw) was conducted as part of the roll out of the NHS 111 service nationally. The successful bidder in the procurement exercise was Derbyshire Health United (DHU) and the service went live in March 2013. From April 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 that will be developed over time.

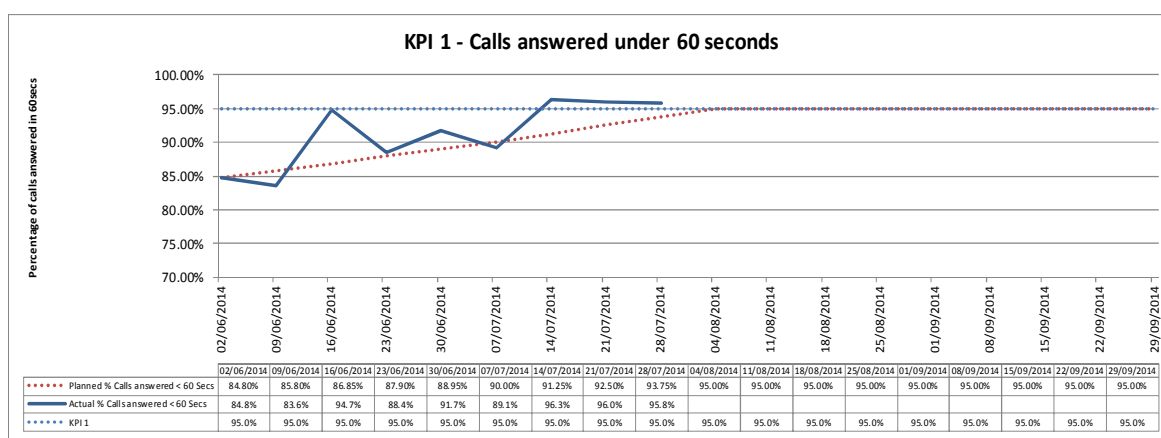
2. Performance

2.1 CALLS ANSWERED IN 60 SECONDS AND CALL BACKS

After performing better than the England average for much of 2013-14 and being regularly above the 95% standard, performance deteriorated in January as DHU initiated a workforce change process to increase the efficiency of the service and the matching of capacity to demand.



The improvement in performance in April was not sustained into May and as a result, DHU were asked to initiate a recovery plan. As average performance in June remained below the 95% standard, a contract query was issued by all of the commissioners of NHS 111 services from DHU. A revised recovery plan has been developed with associated improvement trajectories; the performance to date against the improvement trajectory (for all NHS 111 services provided by DHU) is shown below:



As illustrated above DHU has achieved sustained improvement against the recovery plan and contract query for calls answered in 60 secs. For the last 3 weeks DHU has achieved the 95% KPI standard ahead of the mid-August target date.

In spite of the deterioration in the percentage of calls answered in 60 seconds since January 2014, the standard that no more than 5% of calls should be abandoned has been met every month since May 2013 and has not exceeded 2% in any one month.

Comparing the performance of the NHS 111 service in Nottinghamshire to national service performance, for the month of April and May 2014:

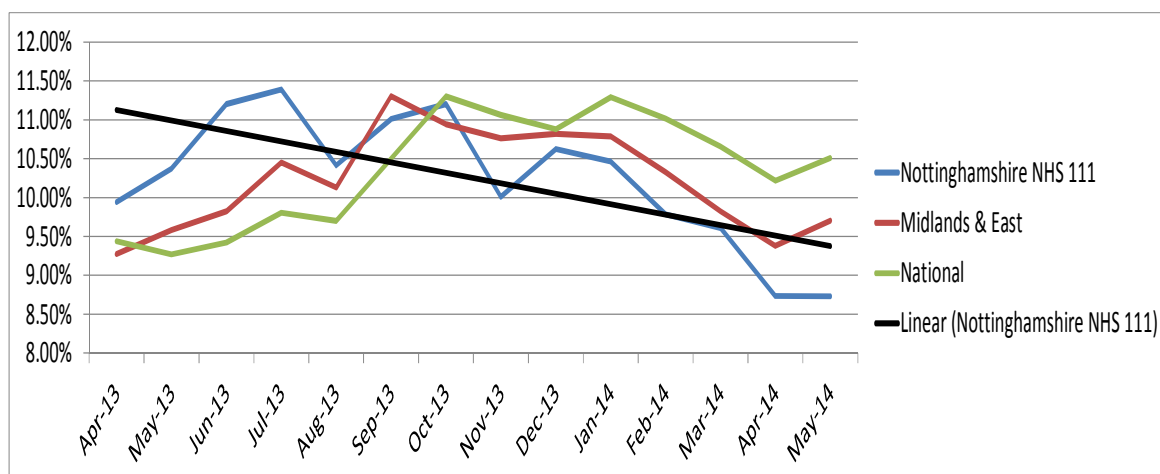
	Nottinghamshire	National
Calls Answered in 60 Seconds		
- April 2014	93.9%	93.3%
- May 2014	88.1%	93.1%
Calls Abandoned		
- April 2014	0.68%	1.39%
- May 2014	1.71%	1.23%

The contract query also required DHU to provide a recovery plan to address the increasing number of patients who have had to wait for a call back in recent months and the increasing average time that those patients have had to wait for a call back. The CCGs have been working with DHU to ensure that there is appropriate prioritisation of those patients awaiting a call back; ensuring that any clinical risk associated with the wait for a call back is minimised.

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

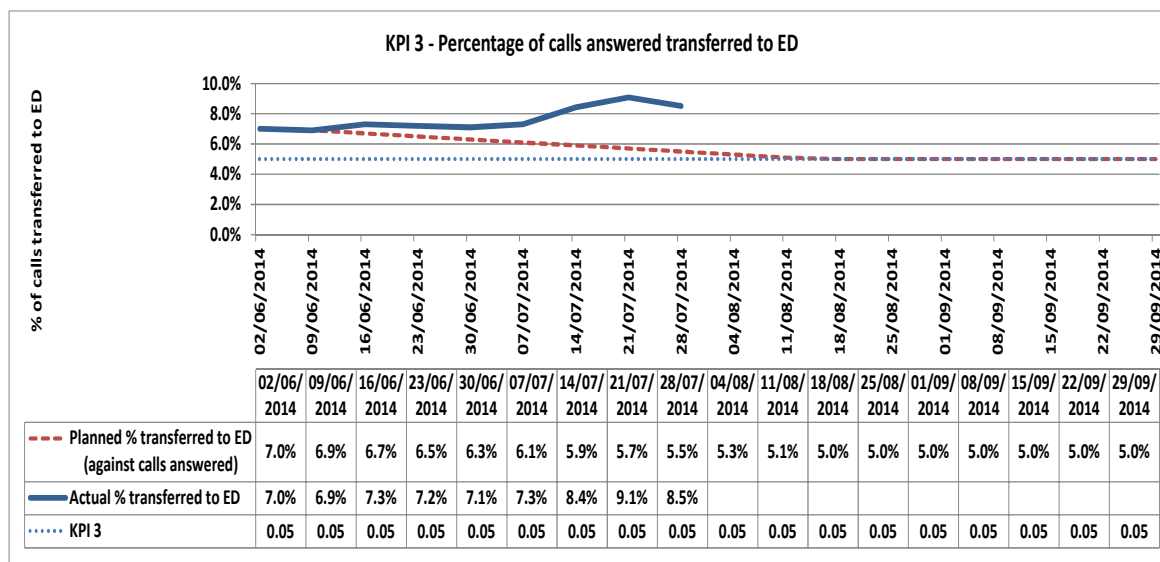
The main focus of concern, both nationally and locally, about the outcomes of calls to the NHS 111 service has been around the proportion of calls that end with the person being despatched an ambulance or advised to attend the Emergency Department.

Within Nottinghamshire, around 9% of calls end with an ambulance being despatched; which is around 0.5% better than the figure being achieved across the region and around 1.5% better than the figure being achieved nationally. In a month, if DHU were achieving the national average this would equate to around a further 300 ambulances being dispatched (within Nottinghamshire in May there were around 13,000 ambulance responses):



Within Nottinghamshire, around 8.5% of calls end with the person being advised to attend the Emergency Department. This is around 1% higher than that national average and is higher than the CCGs believe could be achieved based on historical experience; the aim being that no more than 5% of calls should end with the person being advised to attend the Emergency Department. If DHU were achieving the national average this would equate to around 200 fewer Emergency Department attendances per month (within Nottinghamshire in May there were around 29,000 Emergency Department attendances).

Improving performance on the percentage of calls directed to the Emergency Department is another focus of the revised recovery plan and the performance to date against the improvement trajectory (for all NHS 111 services provided by DHU) is shown below:



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 are currently in the process of commissioning an alternative service from Nottinghamshire Healthcare Trust for people in crisis who are currently directed to the Emergency Department.

The CCGs have compared the number of emergency outcomes from the NHS 111 service between July and October 2013 with the number from the services that were managing calls between July and October 2012; the comparison suggests that the number of emergency dispositions has not increased as a result of the further roll out of NHS 111 in Nottinghamshire and may have reduced, largely due to the number of emergency dispositions that were resulting from calls to the NHS Direct 0845 46 47 service.

3. Service Improvement Plan

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

- Staff consultation
 - completion of the workforce change program and implementation of the new staff terms & conditions and working patterns aimed at matching capacity with patient call demands
- Call forecasting and planning
 - reviewing the process and key assumptions for forecasting call volumes in line with actual patient call activity and contracted call volumes.
 - learn key lessons from NHS England and other 111 providers, and ensure regular weekly review carried out with 111 contract manager to agree call forecasts.
- UXL programme
 - implementation of a staff training and development programme across the 111 call centre aimed at improving patient outcomes, service performance and staff productivity in line with key contract KPI's
- Sickness absence
 - set of critical actions to address an on-going service delivery risk of high levels of short and medium term sickness absence. As at June 2014 the current levels of sickness within the 111 service was 12% for Call Advisors and 10% for Nurse Advisors against a target of 5%.

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