

Item 6: NHS 111.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 29 November 2013

Subject: NHS 111

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the commissioners and providers of the NHS 111 services in Kent.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

- (a) NHS 111 is a national telephone service which has the aim of enabling better access to healthcare services when people need them fast, but where the situation is not life threatening. The service is divided into 44 areas across England. There are different providers around the country and it is commissioned locally.
- (b) South East Coast Ambulance Service NHS Foundation Trust (SECamb), in partnership with Harmoni, provides the service across Kent, Surrey, and Sussex. Across this area, there are two NHS 111 call centres. The Chairman, Mr Robert Brookbank, visited the call centre in Dorking in July 2013. Five Members of the Committee visited the call centre in Ashford in September 2013. These Members were: Mr Mike Angell, Mr Nick Chard, Dr Mike Eddy, Mr Jeff Elenor and Mr Geoff Lymer.
- (c) The Committee has not had NHS 111 on its Agenda as an Agenda item in its own right. However, it has been discussed on a number of occasions when SECamb was present (for example, 4 January 2013<sup>1</sup>). Discussion of NHS 111 formed part of the March 2012 report produced by the Committee, *"Not the Default Option" A Review into the Levels of Attendance at Accident and Emergency Departments.*"
- (d) Local commissioners are responsible for performance management of NHS 111 services, and set their own performance targets for services. There are two national Key Performance Indicators for NHS 111:
  1. over 95% calls answered in under 60 seconds; and
  2. under 5% abandoned after 30 seconds.<sup>2</sup>

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<sup>1</sup> Item 7, 4 January 2013,

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5068&Ver=4>

<sup>2</sup> House of Commons Hansard, 23 October 2013, Written Answers, PQ171701, Col.213-4W, <http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131023/text/131023w0002.htm>

(e) Based on data from 39 sites, the following figures for the service across England for August 2013 are available:

1. In September, there were 585,302 calls to the NHS 111 service, with 94.5% of these calls from people directly dialling 111. Scaled up, this would represent 8.1 million calls per year across England to the NHS 111 service.
2. In September, 97.1% of answered calls made to NHS 111 were answered within 60 seconds. Of all calls offered 0.7% were abandoned after waiting longer than 30 seconds.
3. Average episode length of a call in September was 15 minutes 0 seconds.
4. For answered calls 85.2% received triage.
5. Of all answered calls 7.1% were offered a call back, of those offered a call back 37.1% were called back within 10 minutes.
6. On average 24.0% of call time was handled by clinical staff for all calls in September. Eleven sites are currently able to submit this data, due to the data being classed as commercially sensitive by some providers.<sup>3</sup>

(f) On 8 October, Dr Daniel Poulter MP, Parliamentary-Under Secretary of State for Health made the following statement on NHS 111:

“NHS 111 is now available across more than 90% of England. Latest published performance data (8 September 2013) shows that over 580,000 patients used NHS 111 in July 2013. In addition, over 96% of calls were answered within 60 seconds, above the 95% target.

“NHS England is undertaking a full review of the NHS 111 service to ensure it is fit for the future and is collecting data to monitor impact on emergency service demand. In addition, the Urgent and Emergency Care Review, being led by Sir Bruce Keogh, will look in depth at the system of emergency care and how we ensure that it provides the care patients need, from the right people, in the right place. This will include piloting opportunities for NHS 111 clinicians to have access to patient records, to enable a more integrated service for patients.

“As part of the £250 million of support for emergency care this winter announced by the Secretary of State for Health, my right hon. Friend the Member for South West Surrey (Mr Hunt), on 10 September 2013, Official Report, columns 45-48WS, we have set aside £15 million towards securing a reliable NHS 111 service throughout the winter period. This will pay for up to an additional 200 call handlers and 60 clinicians, who would be able to handle an extra 20,000 calls to the service each week.

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<sup>3</sup> Taken from: NHS England, *NHS 111 Statistics – September 2013*, <http://www.england.nhs.uk/statistics/2013/11/08/nhs-111-statistics-september-2013/>

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“There is widespread consensus that NHS 111 is in principle a good idea. For many patients, accessing the National Health Service by telephone is often the quickest and easiest way to get advice and speak to a doctor or nurse when needed, and we remain committed to ensuring the best possible service for patients.”<sup>4</sup>

(g) On 13 November 2013, Sir Bruce Keogh published a report on the first stage of the Urgent and Emergency Care Review referred to in the Written Answer above. This report set out five proposals ‘for improving urgent and emergency care services in England’:

1. Supporting self-care.
2. Helping people with urgent care needs to get the right advice or treatment in the right place, first time.
3. Providing a highly responsive urgent care service outside of hospital so people no longer choose to queue in A&E.
4. Ensuring that people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise to maximise chances of survival and a good recovery.
5. Connecting the whole urgent and emergency care system together through networks.<sup>5</sup>

(h) In the section of the report giving details on proposal 2 above, a number of suggestions for enhancing the NHS 111 service were put forward. Under the Next Steps section of the report, work will be progressed over the next 6 months on completing a “new NHS 111 service specification so that the new service (which will go live during 2015/16) can meet the aspirations of this review.”<sup>6</sup>

(i) The report summarises the changes put forward as follows:

“We will greatly enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people’s medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.”<sup>7</sup>

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<sup>4</sup> House of Commons Hansard, 8 October 2013, Written Answers, PQ169027, Col.106W, <http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131008/text/131008w0004.htm#13100917000044>

<sup>5</sup> Sir Bruce Keogh, *Transforming Urgent and Emergency Care Services in England, End of Phase 1 Report*, pp.22-27, NHS Choices website: <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

<sup>6</sup> Ibid., p.28.

<sup>7</sup> Ibid., pp.7-8.

## **2. Recommendation**

Members of the Health Overview and Scrutiny Committee are asked to consider and comment on the reports from the commissioners and providers of the NHS 111 services in Kent.

### **Background Documents**

Health Overview and Scrutiny Committee, Kent County Council, March 2012, *“Not the Default Option.” A Review into Levels of Attendance at Accident and Emergency Departments.*”

<https://democracy.kent.gov.uk/documents/s42660/Not%20the%20Default%20Option%20March%202012.pdf>

Sir Bruce Keogh, *Transforming Urgent and Emergency Care Services in England, End of Phase 1 Report*, NHS Choices website:

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

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