South East Coast Ambulance Service NHS Foundation Trust

Swale Clinical Commissioning Group

South East Coast Ambulance Service NHS Foundation Trust and NHS Swale Clinical Commissioning Group

Kent Health Overview and Security Committee

29 November 2013

Introduction

Following a visit to Ashford NHS 111 contact centre by HOSC members and a visit to the Dorking NHS 111 contact centre by the Chairman of the HOSC, SECAmb and commissioners have been asked a series of questions in order to prepare for a follow up discussion with the HOSC on 29 November 2013.

Each of the questions features in the narrative that follows with an answer provided by either SECAmb, commissioners or a combination of both.

Question 1

Can you please provide a summary of the NHS 111 service in Kent along with a timeline of key landmarks in the development and operation of the service?

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.

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.

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 four call handlers in KMSS.

When someone calls NHS 111, they are assessed straight away using the nationally clinically validated NHS Pathways assessment tool . 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. Between 15 and 20% of calls are transferred to a clinician within the NHS 111 service and 10% are advised by a GP within the service.

The inclusion of GPs within the NHS 111 service was agreed locally in KMSS, and goes beyond the national specification although this is being reviewed locally and nationally.
NHS 111 is staffed 24 hours, 365 days a year. Calls from landlines and mobile phones are free although, due to a national quirk in the system, 'pay as you' go mobile phone users must have 1p credit in order to use the service.

The key timelines for the service are provided below:

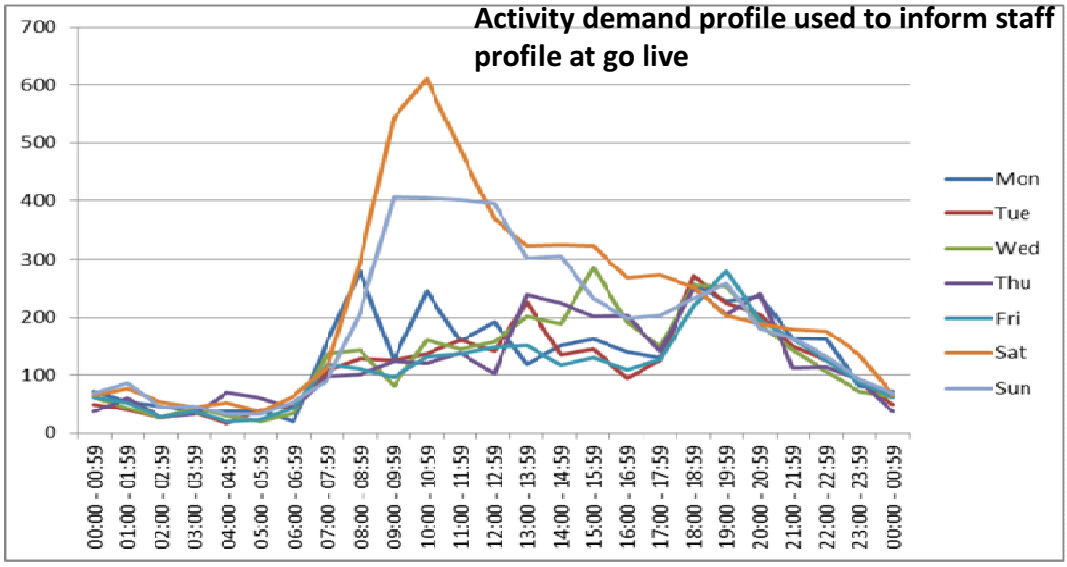
Service commencement for management of GP Out of Hours calls in Kent and parts of Sussex	13 March 2013
Performance notice served and rectification period start	17 April 2013
NHS Direct service switched off and calls managed by NHS 111	30 July 2013
Rectification period ends	1 August 2013
Public launch (awareness raising of the service)	13 August 2013

To raise awareness of the service following public launch, NHS 111 materials, including wallet cards, leaflets, easy-read leaflets and posters were sent to libraries, children's centres, Gateways, GP surgeries, pharmacies, hospitals, community services, mental health services and other outlets in Kent and Medway.

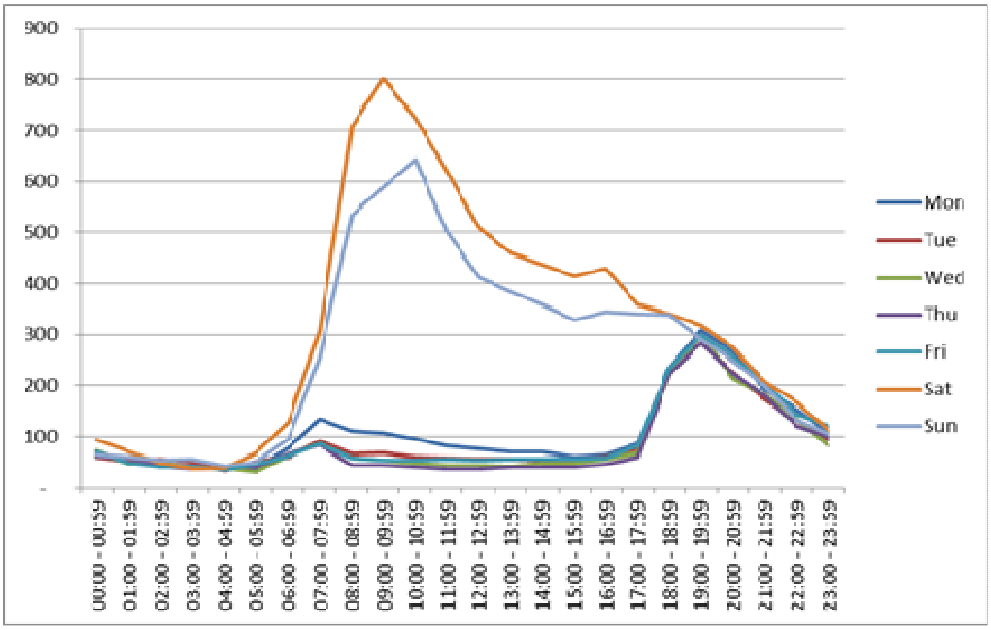
Question 2

There were acknowledged problems with the service in the early stage of operation. Can you please provide a summary of the nature of these problems, what analysis has been done into the reason for these problems and what has been done to rectify them?

The service planned its staffing profile against a call volume profile from other NHS 111 services and the DH NHS 111 profile and was considered to be appropriate for the service go live. This call profile is presented below and presents a week's activity with the expectation that there is moderate levels of activity through the week.



Shortly after go live it was clear that the service was unable to cope with peak call volume at the weekend. In-week performance was positive but weekend challenges led to a review of the historic call volume and profiles from incumbent providers. The commissioners generated these data and provided a revised profile which is below:



There was a lead-in time in order to re-profile the staffing complement and increase the workforce to cope with higher call volume during weekend mornings. As soon as the staff rota fill reflected the need of the revised activity profile, performance for the service was good and Key Performance Indicators related to access were consistently over-achieved.

In addition to access issues in the early days following go live, there were some technical faults which lead to a complete IT systems resilience review; there was a snowball effect related to feedback and complaints from system providers which increased the need for teams to manage feedback and there was a need to undertake additional stakeholder engagement in order to ensure good working relationships for the future.

Question 3

What have been the financial consequences of the initial problems and the measures required to overcome them?

Due to the commercially sensitive nature of NHS 111 contracts, it is not possible to detail the financial impact of the above issues. In order to get the service to where it needed to be for patients, SECAmb and Harmoni focussed on service quality; financial balance was not a priority at this time. As the service has now stabilised, providers will be reviewing the financial situation with commissioners.

Question 4

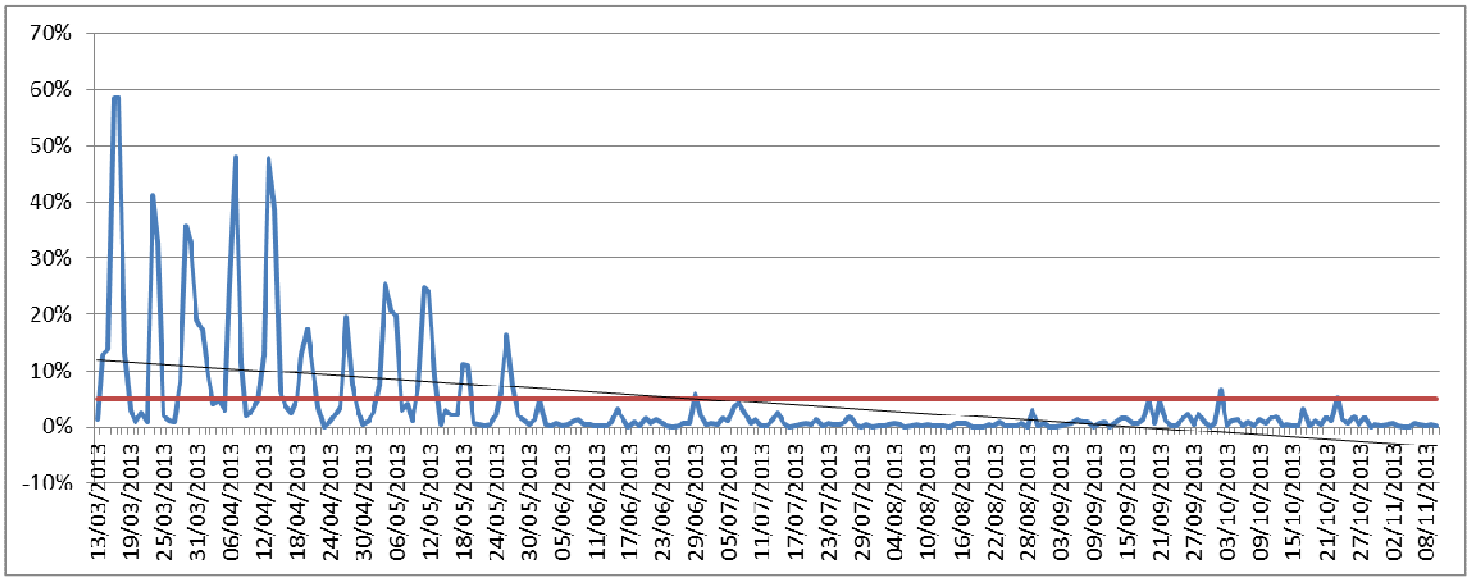
How is the service currently performing?

The service is performing well and has been since the end of rectification in August. The number of calls answered within 60seconds has been consistently above 95 per cent, and the rate of aborted calls is below 5 per cent every month.

There was a slight dip in performance shortly after the Medway Out of Hours call volume was fully introduced to the service, as this resulted in higher activity volumes than were expected. This impacted on Saturday performance against one of the access targets. However, staff levels have now been increased and the service has stabilised again. It is likely that ,in common with other elements of urgent and out of hours care across the NHS, there will be some challenges through the winter although rigorous planning has been undertaken to ensure that we make the best use of all available information to plan adequately.

Clinical Key Performance Indicators, which reflect the numbers of calls transferred immediately, or within 10 minutes, to a clinician, continue to be a challenge but significant improvements are being achieved month on month.

Call abandonment levels are demonstrated for each day since 1st April 2013. This demonstrates the challenges in April and May and shows clear performance improvement which has been maintained.



Question 5

What wider improvements to the health service are intended as a result of the 111 service?

NHS 111 is intended to provide patients with a simple means of navigating through a complex health system, to be able to receive the most appropriate service for their needs.

Patients can be certain that, when they are advised to attend a particular service, it is open and has the staffing suitable for their symptoms. In some cases, patients are directly booked into an appointment, although this feature is still to be developed widely. Kent HOSC previously identified concerns about the complexity of the health system and particularly access to minor injury units and walk in centres. By calling NHS 111, the patient is advised specifically about a service which will meet their needs

Another advantage of the system is for patients with long term conditions, or those nearing the end of their life who have particular care needs. Where patients have a known, often complex condition, their GP can identify any specific requirements for treatment and this 'special patient note' is available to the NHS 111 service to help inform care. This has been used by the out of hours GP services for some time, and is being further developed as part of the enhanced summary care record. This will help to support patients with agreed care plans to be managed in a way which they and their GP (or care manager) have agreed is most appropriate.

Access to community and mental health services have historically been via the GP out of hours service or for patients already known to the service who have been given a specific phone number because of their condition. NHS 111 can direct patients directly into the appropriate community service, if that service is able to accept them. As services are developed to received such calls, this will be an increasing feature and will enable direct access to the most appropriate professional.

Now that NHS 111 is running effectively, commissioners are working with providers in their area to identify when direct access is appropriate and how it is managed. An example is the single referral into community services which is being developed with Kent Community Healthcare Trust.

Another useful feature of the NHS 111 service is the ability to identify when services are requested but not available. This will help to inform commissioners' plans for the future as well as providing information on current provision. An example was a walk in centre which, although commissioned to be open until 8pm, was actually not taking patients after 6pm in case it became too busy to close at 8pm. The information allowed a discussion between the commissioner and provider to ensure a consistent message for patients. The data are beginning to be available but this facility is still at an early stage.

By enabling patients to be advised about the most appropriate service, including a wide range of alternatives to A&E, it is expected that this will support a much more diverse model of provision tailored to the known patient need. This will provide a much better experience for the patient as well as reducing duplication of health services and patients unnecessarily accessing multiple services at any point in time.

Question 6

What plans are there to develop the service in the future?

As described above, many of the features and benefits of the NHS 111 service are at an early stage of development. Some of the key areas for improvement are dependent on the national system and governance arrangements. The priorities for further development include:

- Further development of the special patient notes and End of Life register information.
- Improvements in some local protocols, for example for accessing repeat prescriptions
- Improvements in the way the information is provided back to the patient's own GP
- Review and development of the mechanisms for direct appointment booking and direct transfer of information to a wider range of providers
- Development of the service to meet the needs of more mental health patients.
- Information about the service to be available more readily to the public. (The challenges of delivery of NHS 111 in some areas elsewhere in the country has meant the national publicity has not been provided.)

Clinical commissioning groups in Kent and Medway are currently developing a phone and web app, with input from NHS 111 clinicians, GPs, hospital consultants and other health professionals, to help make it easier for people to find the most appropriate service for their needs. This app signposts people to NHS 111 as appropriate.

A significant publicity campaign is planned for the app.

As part of their winter communications, the CCGs are also undertaking a wide piece of communications with different audiences and have prepared a flyer for each CCG area, which signposts people to NHS 111 services as appropriate, as well as helping them to understand their other options. This is being sent to schools, children's centres, day nurseries, businesses, voluntary organisations and health and social care organisations, for dissemination to the public.

The CCGs are grateful for the support of KCC in this work.