

**NHS 111 Update**

**Governing Body meeting**

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**9 January 2014**

Author	Anne Dray, Urgent Care Lead
Presenter and Sponsor	Idris Griffiths, Chief Operating Officer
<b>Key messages</b>	
<ul style="list-style-type: none"> <li>NHS111 went live for Sheffield in July 2013 and in its latest reported month (November) dealt with 7218 calls from Sheffield people.</li> <li>The service is not currently achieving all performance targets and commissioners are in discussion with the service on improvement plans, however a recent survey does indicate that callers to the service report good levels of satisfaction with the service received with 90% saying they followed the advice given.</li> <li>NHS111 use 'NHS Pathways' and the local Directory of Services, (the DOS), to signpost callers to the most appropriate service to meet their need. There is a real opportunity for commissioners to use these new systems to identify gaps in service and test potential care pathways.</li> </ul>	
<b>Assurance Framework (AF)</b>	
<p><b>Assurance Framework Number:</b>  AF 2. To improve the quality and equality of healthcare in Sheffield.</p> <p>AF 2.1 Providers delivering poor quality care and not meeting quality targets. This is this an existing control</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b>  The Regional 111 Contracting Board is reviewing NHS 111 performance, and locally each CCG is reviewing arrangements with Out of Hours providers to ensure support is provided to NHS111 at exceptionally busy times and mitigate any impact on the service to callers.</p> <p><b>Is this an existing or additional control:</b>  The Regional 111 Contracting Board and the Sheffield Clinical Commissioning Group's Quality Assurance Committee are existing controls which oversee the performance of the NHS111 service. The review of arrangements with the GP Out of Hours Service is additional mitigation of the risks identified due to not achieving performance targets.</p>	
<b>Equality/Diversity Impact</b>	
<p><b>Has an equality impact assessment been undertaken?</b> YES</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b> All, as per:  <a href="http://www.intranet.sheffieldccg.nhs.uk/equality-impact-assessments.htm">http://www.intranet.sheffieldccg.nhs.uk/equality-impact-assessments.htm</a></p>	

### Public and Patient Engagement

Implementation was an NHS England requirement and local patient and public engagement has not been undertaken, however the report sets down the results of a recent user survey.

### Recommendations

The Governing Body is asked to note this latest update.

## NHS 111 Update

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#### 1. Introduction / Background

- 1.1. The Governing Body last received a report on NHS111 in May 2013. NHS111 for Sheffield is provided by the Yorkshire Ambulance Services NHS Trust (YAS) and went live in July 2013, with dental calls being handled from September 2013. 7218 calls were received in the latest month reported (November 2013).
- 1.2. The lead Commissioner for NHS 111 is Greater Huddersfield. The lead commissioner has commissioned the West and South Yorkshire and Bassetlaw Commissioning Support Unit to provide contract, performance and quality management for NHS 111.
- 1.3. NHS111 has not been publicised separately but has been included in all our local communication through the 'Choose Well' campaign, particularly over the winter period as one of the key components of our urgent care system.

#### 2. Activity/Performance

##### 2.1. Key Performance Indicators

NHS 111 Sheffield - Summary		
Month	Target	Nov
Calls Answered	-	7218
Calls / 1,000 population	-	13
% Abandoned Calls	5%	1.31%
% Calls Answered in 60 seconds	95%	94.49%
Call Back within 10 minutes	100%	32.49%
% Warm Transfer	95%	39.77%

  

Services Offered (Dispositions)	Nov
A&E	5.58%
Ambulance	11.01%
Other Service	4.02%
Primary Care	62.83%
Self-care	16.49%
None	0.07%

2.1.1 The table above includes data for a number of the main Key Performance Indicators (KPI's) as well as a breakdown of call times and dispositions as provided in the latest (November) 2013 NHS111 Performance Dashboard.

2.1.2 The data for abandoned calls after 30 seconds and the percentage of calls answered within 60 seconds are both based on telephony data provided by the NHS111 provider YAS as this is the only way that they can record the data. Unfortunately this data is not broken down to Clinical Commissioning Group (CCG) level so these 2 KPI's are shown using data for all of Yorkshire and Humberside.

2.1.3 The number of calls abandoned at 1.31% is well within the target ceiling of 5% and the percentage of calls answered within 60 seconds is very close to the target of 95% at 94.49%.

2.1.4 The numbers of calls received each month have been increasing and are now close to the national average per 1000 population.

2.1.5 However, the targets for the number of clinical assessments completed in one call, call-backs made within 10 minutes and calls warm transferred (ie directly from the original call handler to a clinical advisor) have consistently been missed every month. All three targets are directly linked to the number of clinical advisors available for warm transfers and call-backs. Nationally the performance is only slightly better, suggesting it is not just the Yorkshire Ambulance Service which is struggling to meet these targets.

2.1.6 In October Sheffield had a monthly average episode duration of 19 minutes 19 seconds, taking an extra 4 minutes 25 seconds to complete each call compared to the national rate. Spending around 30% more time on each episode is a contributory factor to not achieving the targets and the reasons for this are under active review.

## **2.2 Services Offered - Dispositions (November 2013)**

2.2.1 The majority of callers (62.83%) were directed to primary care based services with a further 16.49% given advice on self-care. 5.58% were advised to attend A+E and 11% to call 999. Compared to the national dispositions Sheffield appears to have higher rates of 'Ambulance Dispatch', 'Primary Care' and 'A&E', and lower rates of 'Other Services' and 'Self Care'.

2.2.2 As learning from call reviews and changes to the Directory of Services (DOS) over this first year of operation of the service take place, these percentages dispositions will change.

2.2.3 It is notable that since 111 went live the Sheffield GP Collaborative have been able to reduce the number of doctors on their rota due to the significant reduction in triage calls. This has in turn led to faster response times for those patients triaged by 111 who need to speak to a GP and frees up much needed GP capacity to assist in other developments requiring GP input in the city.

## **2.3 Staffing Levels**

NHS111 sickness and absence levels have been above budgeted levels and have been the focus of much attention from NHS111 management since the service went live. However levels are still above plan and pressure to reduce levels of sickness and absence continues.

## **2.2. Patient Experience**

A recent survey (October 2013) of 501 people who called NHS111 reported that:

62% of callers said they called at a weekend  
3% of callers were 30 years of age or younger  
62% of callers were women, 38% were men  
78% were likely or very likely to recommend the service  
87% agreed or strongly agreed that they were happy with the time it took to answer the call  
90% said the call handler listened carefully  
81% said the call handler was reassuring  
95% said they understood what the call handler said to them  
94% said they were treated with dignity and respect  
93% of people said they agreed or strongly agreed that they understood all the information and advice given  
81% said that the information and advice given was helpful  
90% said they followed the advice given

### **3.0 Quality**

The quality of service for NHS 111 is monitored by the Sheffield CCG Quality Assurance Committee. At its December meeting the following points were noted:

#### **3.1 Serious Incidents**

There have been no serious incidents for South Yorkshire or Sheffield this quarter.

#### **3.2 Complaints**

There have been 3 complaints, 2 formal and 1 informal for South Yorkshire this quarter. The Yorkshire Ambulance Service has closed 2 of the complaints.

#### **3.3 Weekend Performance**

3.3.1 The performance trend at weekends, particularly Saturdays, continues to fail to meet the contracted standards. This is largely due to staff sickness and higher than anticipated call volumes. The Regional Contracting Board is responsible for ensuring that the appropriate levers are put in place to address this issue.

3.3.2 Call reviews take place with NHS111 and the reviews carried out have been generally positive. The service is keen to work with commissioners to identify improvements which can be implemented to improve the speed and effectiveness of calls and determination of the correct service to meet callers' needs.

### **4.0 Contracting and Finance**

Financial performance for NHS111 is reported as part of the Finance Report. Quarter 2 reconciliation is currently underway.

### **5.0 The Directory of Services (DOS)**

Patients who call 111 are taken through a series of computer based algorithms called NHS Pathways. These lead to a route of disposition which requires an up to date DOS to function effectively. The DOS describes the services available for a given route of disposition based on hours of opening, clinical specification and geographical convenience. It requires constant updating as services change.

The Clinical Commissioning Group has worked with all main providers including A&E, the

Sheffield GP Collaborative and the Broad Lane Walk in Centre in agreeing the DOS and routes of disposition to make the best use of local services – for example the A&E based rule outs for deep vein thrombosis and to ensure all patients with potential transient ischaemic attacks get rapid access to stroke rule out services. Discussions with the local optometry committee have enabled the DOS to be populated with PEARS providers to enable diversion of common eye problems away from A&E. Regular interrogation of the routes of disposition has enabled further discussions with providers to agree alternative ways of accessing services. We are currently piloting the diversion of repeat medicines to community pharmacy to relieve pressure on the GP collaborative.

## **6.0 Winter Pressures**

Additional investment through winter is being provided to enable NHS111 to enhance staffing levels. Specifically the additional resources are being provided to enable NHS111 to provide dental nurses and paramedics to deal with dental calls, pharmacists to deal with prescription and medication enquiries, non-clinical pathways agents to deal with healthcare professional calls, patient call backs and health information calls and senior clinicians to provide additional clinical assessment to help identify alternative treatment options.

In addition capacity was secured for 10% of demand from the national winter contingency site at Milton Keynes on Boxing Day (not needed) and New Year's Day and it is available for other periods of high demand when surge criteria are met.

## **7. Future developments**

7.1 In terms of performance reporting the NHS111 dashboard will be extended to show:

- Dispositions compared nationally to allow benchmarking
- Repeat callers to be presented
- Frequent callers to be presented
- Top 5 symptom/reason to call codes to be presented per CCG
- Narrative outlining trends and forecasting to be added

7.2 There are real opportunities to use the information now available from the dispositions of calls received by NHS111 and the information contained within the DOS to identify gaps in service, test potential care pathways eg how many people would be referred into a potential new service and for commissioners to influence the information given to callers to enable them to make the best choice of services available to them to meet their needs.

7.3 For example future developments could include exploring the use of community pharmacy to deal with requests for emergency hormonal contraception and all minor ailments, direct booking in to early pregnancy assessment services for threatened miscarriages, better use of special patient notes to ensure available community services are used efficiently and different ways of responding to mental health disorders presenting in the out of hours period.

## **8. Recommendations**

The Governing Body is asked to note the update on NHS 111.

Paper prepared by Anne Dray, Urgent Care Lead

On behalf of Idris Griffiths, Chief Operating Officer

30 December 2013