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.

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 by the end of September 2015. In order to allow CCGs to consider and respond appropriately to these revised service standards, NHS England has written to CCGs to ask that procurement activity be paused until after the service standards are released.

The current contract with DHU runs until March 2016, a competitive procurement process has been initiated by the CCGs but in light of the letter from NHS England, the CCGs are considering extending the contract with DHU.

In her role as NHS 111 Clinical Lead for Nottinghamshire, Dr Christine Johnson has been heavily involved in helping to shape the new service standards for the NHS 111 service.

2. Performance

2.1 CALL ANSWERING

The update to the Overview and Scrutiny Committee in March identified that the performance of the NHS 111 Service for Nottinghamshire on the proportion of calls answered in 60 seconds was of particular concern. Between April and December 2014, the target for 95% of calls to be answered in 60 seconds had only been met in one month and performance had fallen below 90% in 5 out of 9 months.

Performance in 2015-16 has improved although the target is still not being consistently met. In the first 4 months of the year, the target was only met in May but performance has been above 90% in every month thus far with performance at DHU in May and June being better than the national average for the first time in a year.

The other main call answering standard is that no more than 5% of calls should be abandoned. In the first four months 15-16, the percentage of abandoned calls has not been above 1% and performance has been consistently better than the national average.

2.2 DISPOSITIONS

In the first 3 months of the year, the proportion of callers being advised to attend an emergency department or been sent an emergency ambulance has been broadly in line with the national average; with fewer emergency ambulance dispositions and more emergency department dispositions.

2.3 CALL BACKS

Ideally, where patients need to speak to a nurse within the NHS 111 service they will be warm transferred to a nurse (i.e. during the same phone call). The number of people that nurses at DHU have to call back and the timeliness with which call backs are made remains a concern. The CCGs and DHU have agreed a new process around the prioritisation of callers that need to speak to a nurse to ensure that capacity is protected for those callers with the most urgent needs.

In the first 3 months of 2015-16, around 40% of callers who need to speak to a nurse have had the call warm transferred each month and a further 35% have received a call back within 10 minutes. The average wait for a call back from a nurse is around 40 minutes, although this does vary from week to week.

3. Quality and Patient Experience

A copy of the most results of the most recent patient experience survey is attached at Appendix 1 and the levels of patient satisfaction and compliance with the advice given by the NHS 111 service is very similar to that previously reported:

- 96% of callers reported that they followed some (8%) or all (88%) of the advice from NHS 111
- 86% of callers were fairly (21%) or very (65%) satisfied with the service
- 35% of callers said they would have gone to A&E or called 999 if they hadn't contacted NHS 111

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