

Joint Health Overview and Scrutiny Committee UPDATE ON NHS 111 SERVICE APRIL 2016

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 and a competitive procurement process has been initiated by the CCGs. This has concluded in April 2016 with a contract to be awarded from October for the 111 service. This does not cover the national standards for integrated urgent care (aforementioned revised service standards) which sit outside the 111 service. The existing contract for 111 with DHU has been extended to cover the period April – October 2016.

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 September 2015 identified that the performance of the NHS 111 Service for Nottinghamshire on the proportion of calls answered in 60 seconds had improved. The target of 95% is still not being met consistently but since March 2015 performance has been between 90 - 95% with the target achieved in 3 months. Performance has been consistently above the national average.

The other main call answering standard is that no more than 5% of calls should be abandoned. From April 2015 the percentage of abandoned calls has been between 0-1.5%. In the majority of months performance of less than 1% has been achieved with 2 months hitting 1.5% and 1.3% Performance has been consistently better than the national average.

2.2 DISPOSITIONS

From April 2015, 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.

April – July 2015 showed call backs within 10 minutes were around the 35% mark, lower than the national average. However, from July – December 2015 call backs within 10 minutes increased to between 40-50%. In February 2016 the average wait for a call back is 54 minutes.

3. Quality and Patient Experience

The previously circulated patient experience survey remains the most recent. DHU will be undertaking a new survey in the upcoming months, the results of which will be shared with commissioners for review and action where necessary.

Therefore, currently the levels of patient satisfaction and compliance with the advice given by the NHS 111 service is the same as 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