NHSE051305

BOARD PAPER - NHS ENGLAND

Title: Assuring NHS 111 Operational Delivery

Clearance: Dame Barbara Hakin, Interim Chief Operating Officer/Deputy Chief Executive

Purpose of Paper:

- To inform the Board of the work to stabilise delivery of NHS 111 services and define the further programme of work to shape the future of NHS 111 delivery.
- It also informs the Board of the review of lessons learnt from the NHS 111 rollout.

Key Issues and Recommendations:

- That the Board notes progress to stabilise delivery of NHS 111 services, the planned programme of work to deliver safe sustainable services in the future and the arrangements for a review of the lessons learnt from the rollout of the service.

Actions Required by Board Members:

The Board is asked to note:

- background to the establishment of the NHS 111 programme; and,
- work undertaken to date to stabilise delivery of NHS 111 services and assure those areas yet to 'go live'.

and agree the:

- proposed work programme to consider future options for the NHS 111 service; and
- external review of lessons learnt from the 111 programme.

Assuring NHS 111 Operational Delivery

1. The Board was updated at its last meeting, on the recent performance of NHS 111 providers, and what NHS England has been doing to ensure stability of the service. The Board agreed that NHS England needs to concentrate its efforts on assuring an effective and sustainable NHS 111 service for the future, whilst recognising that CCGs are the commissioners of this service and that individual providers must take responsibility for delivering the agreed standards of care.

2. This paper outlines the proposed programme scope and plan to take this forward. In moving forward, it is important to learn vital lessons from the past about how the NHS 111 was prepared and launched. Moreover, it is important that NHS England identifies the reasons for some of the service deficiencies and avoids similar problems when implementing other, future, programmes.

Background to the NHS 111 Programme

3. NHS 111 was introduced to make it easier for the public to access urgent healthcare services. It was considered that patients in England were confused about where they should turn for medical care when GP surgeries were closed, or when they were away from home, and almost a third of people who needed out of hours care went straight to an Accident and Emergency (A&E) Department.

4. The NHS 111 service was co-designed by the NHS and Department of Health and specified nationally so that a consistent identity and quality of service would be maintained across the country. It is commissioned and will be delivered locally by the NHS in a way that is most appropriate for any given area. Calls are answered by trained advisers, supported by experienced clinicians, who assesses the caller's needs and determine the most appropriate course of action, including:

   - callers who can care for themselves will have information, advice and reassurance provided;

   - callers requiring further care or advice will be referred to a service that has the appropriate skills and resources to meet their needs;

   - callers facing an emergency will have an ambulance despatched without delay; and

   - callers requiring services outside the scope of NHS 111 will be signposted to an alternative service.

5. NHS 111 operates to four core principles:

   - Completion of a clinical assessment and information on the first call without the need for a call back.

- Ability to refer callers to other providers without the caller being re-triaged.
- Ability to transfer clinical assessment data to other providers and book appointments where appropriate.
- Ability to dispatch an ambulance without delay.

6. Local commissioners have also been able to include additional functionality to their services, such as an 'End of Life' register to manage certain callers differently, and which has now been rolled out across London.

7. NHS 111 is an urgent care phone line. NHS 111 was always intended to replace NHS Direct's 0845 4647 service. However, it has also become standard to incorporate GP out-of-hours telephone access too. While this has never been centrally mandated, local commissioners felt it appropriate to avoid unnecessary duplication of services, and to simplify the route to NHS care for patients. While these are not recorded centrally, we estimate GP out of hours services receive around 7.5m calls per year.

8. NHS 111 also has a clear clinical governance regime based on meaningful and effective local clinical leadership. Coupled with this is the principle that NHS 111 clinical governance is about the whole patient journey and not just the telephone call at the outset. It was, therefore, expected that the Clinical Governance Group should bring together all of the key local stakeholders from the local health economy to work together to understand how their local urgent and emergency care system is working and, together, to develop ways of constantly improving the quality of that service.

9. NHS 111 was first launched as a series of four small-scale local pilots, beginning with County Durham and Darlington in August 2010, run by the North East Ambulance Service NHS Foundation Trust. NHS Direct ran the remaining three pilots in Lincolnshire, Nottingham City and Luton, which launched between October and December 2010. The former Secretary of State announced a deadline for full rollout of April 2013 in December 2010, requesting local commissioners to submit further plans for local pilots using different models and providers. Several new sites were launched between the summer of 2011 and spring 2012, including Derbyshire, Isle of Wight, Lancashire, Hillingdon and Inner North West London. However, due to lengthy procurement exercises in the rest of the country the vast majority of sites planned to go live shortly before the deadline in February and March 2013.

10. Once the commissioners and the central Department of Health team had signed off a site as being ready to 'go live' it would enter into a 'soft-launch' phase, where out of hours numbers would be routed into 111, so the service only had to cope with existing demand. This usually lasted for between 2 to 4 weeks at which point the service would be advertised locally, with leaflet-drops, radio adverts, and information in GP surgeries.

11. Local commissioners have always had responsibility for the commissioning and procurement of NHS 111 services. They were supported by a small,

subject matter expert team (i.e. telephony and call-centre experts) originally hosted under a 'flag of convenience' arrangement by the Department of Health. Responsibility for commissioning and procuring NHS 111 services passed from PCTs to CCGs as they became authorised during 2012/13. In November 2012, NHS England took responsibility for the operational oversight of NHS 111 roll-out and for the onward development of the 'policy'. It is now for local commissioners, supported by NHS England, to determine how this service should evolve.

111 Performance

12. A number of 111 providers have provided a good service throughout; a number have provided a good service during the week but have struggled at weekends; and a small number have provided an unacceptable service on quality standards, especially at weekends.

13. Performance became a particularly significant the weekend before Easter, which raised serious concerns about the Easter weekend, at which point NHS England put in place tighter controls. Performance over the Easter weekend was still unacceptable in some areas, but was improved in others. Performance has continued to improve since then.

14. At the time of writing, there was a vastly improved picture of NHS 111 delivery across the country when compared to late March, and the Easter bank holiday, periods. Most providers are now hitting their Key Performance Indicators (KPI) for calls abandoned of under 5%, although the target of calls answered in under 60 seconds is still a struggle for a number of providers. However, the service is still fragile in a number of areas and many have needed contingency.

Delivery Programme Plan

15. NHS England has put in place programme management arrangements, and strengthened internal management capacity, to ensure we continue to get the best delivery we can in future.

16. This programme will have two principal areas of focus:

    i. Oversight of continuing day-to-day operational delivery including medium-term review of sustainability of service, a review of individual providers, overall provider landscape, service rollout and commissioning methods

    ii. Longer-term strategy for the 111 service.

17. In addition, NHS England will commission a review to determine lessons learnt from the management and rollout process for 111 services. This will not only inform the delivery programme for NHS 111, it will also inform future similar programmes which may be undertaken by NHS England.

i) Oversight of continuing day-to-day operational delivery

18. It is important that NHS England continues to work with Clinical Commissioning Groups to stabilise those providers that have failed to deliver their 111 service as well as ensure those areas yet to go live are in a safe, and fit, state to do so. Each NHS England Regional Director has recently been asked to put in place additional assurances about delivery of the 111 service in their area. They will:

- Identify whether the provider organisation has either significantly or consistently failed to deliver the appropriate quality standards;
- For each in this category, work with the CCG commissioner to ensure that a full assessment of why these failures occurred is in place;
- Agree with the provider and the relevant CCG a comprehensive plan which will swiftly deliver a quality service for patients and which meets the specification;
- Agree a phased approach (again one where providers commit to delivering quality standards) for the reintroduction of the 111 service in places where parts of the service were suspended following recent capacity concerns;
- Identify the phases which will take all sites which have already launched to full service and the measures in place to ensure quality standards will be maintained; and
- Identify dates and appropriate assurances to support the final areas within their region which have not yet launched.

19. These actions will secure safe roll out of 111 across England by the end of the summer.

The phase will include an urgent review of the sustainability of the current model of service into 2014. The ability of some providers to maintain delivery of these services will need to be thoroughly assessed and an appraisal of the likely market of providers undertaken. We also need to review the commissioning and oversight arrangements to ensure that they are fit for purpose. Given the interdependencies of a number of sites and providers this programme will need to be coordinated nationally and be able to respond quickly where any circumstances arise which would bring into question the ability to deliver a high quality service in any location. We need to be sure that the evidence that the specified service model can, in principle, meet the original stated objectives and whether any medium term modifications are necessary.

ii) Longer-term strategy for the service

20. NHS England will also review the long-term strategic direction for the future of NHS 111 services. We need to consider:

- Was the original design of the service optimal to provide the best service? This will include reviewing the scope and design of the service.

- Is the commissioning model appropriate? Particularly, have we got the right balance between local and national responsibilities.

- How do we support and if necessary manage the market in order to secure a full range of capable and sustainable providers.

21. In addition, we will need to review whether the service could have a wider role including potential web and online features and how this can be done in a way that will mitigate potential risks.

22. This work will allow us to produce recommendations on the future service model and commissioning arrangements.

Programme Oversight

Appropriate governance and programme management arrangements will be out in place to oversee both the operational and strategic aspects of NHS 111. These arrangements will need to be jointly overseen by NHS England and the CCGs who commission these services.

Recommendations

The Board is asked to note the:

- background to the establishment of the NHS 111 programme; and

- work undertaken to date to stabilise delivery of NHS 111 services and assure those areas yet to 'go live';

and agree the:

- proposed work programme to consider future options for the NHS 111 service; and,

- an external review of lessons learnt from the 111 programme.

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April 2013