

Subject:	NHS 111 Update		
Date of Meeting:	Health & Wellbeing Overview & Scrutiny Committee		
Report of:	Monitoring Officer		
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Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 To update the Health & Wellbeing Overview & Scrutiny Committee on the 111 service locally

2. RECOMMENDATIONS:

- 2.1 That HWOSC members note the update and comment on the

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The 111 service was introduced in March 2013 and had a number of problems from the start which resulted in an improvement plan being introduced. Following implementation of the improvement plan, performance of the NHS 111 service improved significantly on the majority of key performance standards i.e. calls abandonment rate and calls answered within 60 seconds.
- 3.2 The service then went fully live on 13 August 2013, with all remaining activity from North Hants Urgent Care OOH (Surrey Heath CCG), MedOCC OOH (Medway CCG) and NHS Direct being transferred into the service.
- 3.3 The NHS 111 service is now consistently responding to calls with more than 95% being answered within 60 seconds and abandoned calls are predominantly less than 1% even at peak weekend periods. Activity is generally around 80% of planned/expected and the majority of service standards are improving as the service develops.
- 3.4 Although the majority of performance standards are being met on a daily basis (calls abandonment rate and calls answered within 60 seconds), there are still ongoing issues with the clinical call back times (within 10 minutes) and warm transfers (transfer of call to clinician). As a result, the provider was issued with a contractual performance notice in December and commissioners are currently working with the provider to put effective plans in place to improve this aspect of the service.

- 3.5 Since the launch of NHS 111, there have been various anecdotal reports from acute providers and other stakeholders suggesting that NHS 111 was the cause of the pressure on A&E. However, there is no data or evidence to back up these reports and the number of patients being referred to A&E is approximately the same as previously referred by NHS Direct.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 As part of the National Review of Urgent and Emergency Care, NHS 111 has been identified as the service that will ensure patients with urgent care needs get to the right service in the right place, first time. NHS 111 will be significantly enhanced so that it becomes the 'smart call to make', creating a 24 hour, personalised priority contact service. The enhanced service will provide

- Relevant access to patient records
- More appropriate use of clinicians – direct access where required
- Direct appointment booking into referral services

Commissioners will work with the provider to ensure that the service is able to put these enhancements in place.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Healthwatch has reported on NHS 111 and made a number of recommendations around staff training, promotion of service and the triage service. Many of the recommendations have already been addressed via a Healthwatch article. This will be developed for future use.

6. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 6.1 None to this cover report for information.

Legal Implications:

- 6.2 None to this cover report for information.

Equalities Implications:

- 6.3 None to this cover report.

Sustainability Implications:

- 6.4 None to this cover report.

SUPPORTING DOCUMENTATION

Appendices:

1. Update from the CCG Programme Lead for NHS 111