

Governing Body (Public) Meeting

DATE: 28th February 2013

Title	South East London NHS 111 pilot	
Recommended action for the Governing Body	That the Governing Body: Note the report on South East London NHS 111 pilot.	
Executive Summary	NHS 111 is the new three-digit telephone service which is being introduced across South East London to improve access to NHS urgent care services. Patients will be able to use this number when they need medical help or advice and it's not urgent enough to call 999. This report outlines the component parts of the new service focussing of the governance aspects monitoring the system. As well as offering a consistent clinical assessment service to a patients, one of the main benefits to commissioners will be real time data reports, which will enable more informed decision making on new service redesigns.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	√
	People: Empower our staff to make BCCG the most successful CCG in (south) London	√
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	√
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	√
Organisational implications	Key Risks <i>(corporate and/or clinical)</i>	
	Equality and Diversity	A Equality Impact assessment has already be undertaken.
	Patient impact	NHS 111 seeks to offer a consistent, high quality clinical assessment and direction service for patients
	Financial	Need for commissioners to constantly review 111 data, directory of service and

		ranking
	Legal Issues	N/A
	NHS constitution	NHS 111 supports the seven principles
Consultation (Public, member or other)	An equality impact assessment on SEL NHS 111 has been undertaken and elements will be implemented as part of the pilot.	
Audit (Considered / Approved by Other Committees / Groups)	Considered by executive management committee.	
Communications Plan	Bexley input as part of wider SEL Communications plan	
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	Clinical Leads David Parkins/ Dr Dharini Shanmugabavan	Executive Sponsor Simon Evans- Evans
Date	14th February 2013	

South East London NHS 111 Pilot

1 Introduction

1.1 NHS 111 is the new three-digit telephone service which is being introduced across England to improve access to NHS urgent care services. Once launched in South East London (SEL), patients will be able to use this number when they need medical help or advice and it's not urgent enough to call 999. NHS 111 operates 24/7, 365 days per year and is free to use from a landline and a mobile.

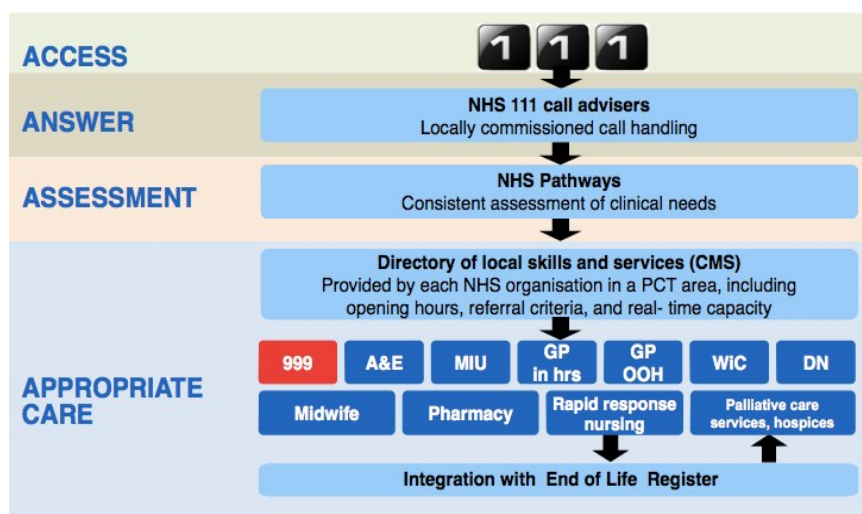
1.2 The NHS 111 national service specification sets out the minimum range of responsibilities of the NHS 111 Service acting as a Single Point of Access to unscheduled care services including GP Out of Hours (OOH), community health services, OOH dental services, end of life care services and some mental health services, providing a signposting service to pharmacy, optometry, and sexual health or genitourinary medicine (GUM) clinics and in the future plans are to provide an appointment booking service with GPs (where appropriate).¹

In addition to the national specification there is a London service specification which sets out expectations on end of life care and the registration of unregistered patients.

The SEL specification sets out the additional service requirements of the SEL Clinical Commissioning Groups (CCGs) which include the provision of further clinical management by a GP, provision of general and specialist health care advice and dental advice.

1.3 The operating model for NHS 111 is split into four defined call taking stages: access, answer, assess and identification of appropriate care (Figure 1). Each stage of the call taking process can be broken down into detailed process flows providing a clear operational blueprint.

Figure 1 - Operating model



¹ This list is not exhaustive and may be added to by commissioners during the life of the pilot.

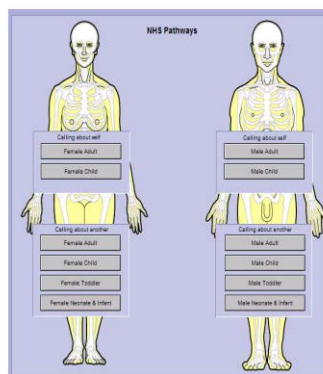
1.4 The SEL NHS 111 two year pilot service is being provided by a consortium of NHS Direct, Grabadoc and Bromley Healthcare. At the time of writing this report, it is due to 'soft launch' around the 25th February 2013. This means that all OOH calls are directed to NHS 111 and the system is tested. The target date for public launch is in early March 2013 which is dependent on the testing and the service will then take calls 24/7 52 weeks of the year.

2. NHS Pathways

2.1 NHS Pathways (Figure 2) is a clinical assessment tool that provides consistent clinical assessment, built upon the very latest clinical evidence, and linked to a single directory of service (DoS). This enables easy transfer of patients to a relevant service, without repeating all the details again. NHS Pathways does not diagnose illnesses; it uses the presence and features of symptoms to progressively exclude conditions during the phone assessment. As the phone assessment progresses, if a point is reached where a condition cannot be excluded, the caller is referred to a healthcare practitioner. An appropriate timeframe is also advised for that consultation.

Figure 2 Pathways assessment tool

NHS Pathways – clinical assessment



3. The Directory of Services

3.1 The Directory of Services (DoS) is the key to matching patient need with the most appropriate care provider. The DoS has been locally developed and commissioned by NHS South East London. It is therefore owned locally and reflects local commissioned services. The correct interaction between NHS 111 and the DoS is a core requirement for our local clinical governance and commissioning arrangements. The DoS provides the disposition information to the NHS 111 call handlers regardless of their location in the country.

3.2 From April 2013 it will be the responsibility of each care provider to maintain the accuracy and timeliness of data on the DoS. NHS Clinical Commissioning Group

(CCG) commissioners need to ensure that this happens and are responsible for signing off the DoS entries. The DoS stores information on all local optical and dental practices including opening times and addresses.

4. Closure of the NHS Direct 0845 telephone number

4.1 NHS Direct provides a range of services including the telephone advice where callers dial the 0845 service. NHS Direct also provide information services and are a NHS 111 provider in a number of pilot areas. The telephone advice aspect of NHS Direct will be fully decommissioned and replaced by NHS 111. NHS Direct 0845 number is to be turned off on the 21th March 2013.

5. The SEL Case for NHS 111

5.1 NHS 111 is a key component of the SEL CCG’s strategy to achieve financial balance and improve system performance is to shift unscheduled care activity into more clinically appropriate and cost effective care pathways. The benefits include:

- Introduction of a consistent clinical assessment tool and referral management
- Reduction in attendances at emergency departments and an increase in patients being directed and conveyed to the most appropriate care setting for their needs
- Activity shifted to more clinically appropriate, lower cost care settings
- Reduction in Ambulance “999” activations and conveyances to emergency departments
- Reduction in unscheduled admissions by directing patients to home based nursing/care services
- Information on capacity of and demand for urgent care provision enabling CCG commissioners to respond more intelligently to local need / demand
- Improved clinical governance of all general practice and community services through caller outcome information
- Signposting of access to NHS dentistry in hours as well as OOH
- Improved end of life care services through coordination of individual patient care
- An increased percentage of patients achieving preferred place of death

Figure 3 Principal objectives for the transformation of the unscheduled care pathway in SEL

Provide a single point of access for non-emergency, unscheduled care needs for patients and healthcare professionals							
Create a partnership with social care and include appropriate social care services in 111	Offer advice and information to callers	Efficiently and safely direct patients to the most appropriate treatment - right time, right place, first time - aim primary care	Increase use of GPs, dentists, pharmacists, and community health services	Reduce the number of attendances at A&E	Reduce the number of unscheduled admissions	Reduce the duration of unscheduled stays in hospital	Reduce the number of emergency related ambulance journeys

6 Governance

6.1 The SEL NHS 111 contract lead for the 6 CCGs is Bromley CCG. The programme lead to implementation is Dr Kathryn McDermott and support by the SEL PMO is currently in place to manage transition and resource post implementation. The SEL NHS 111 clinical governance group, chaired by Dr Patrick Harborow (with SEL commissioner and provider representation) and its various sub groups are responsible for all aspects of quality and safety of the service. This group reports to the SEL NHS 111 Programme Board, which reports through to the SEL Clinical Strategy Group. The SEL Clinical Strategy Group in turn reports to the CCGs of the 6 Boroughs of SEL. The SEL NHS 111 Clinical Governance Group will provide monthly written reports of its activities to the SEL Clinical Strategy Group. The SEL NHS 111 Clinical Governance Group also has strong links with the Urgent Care Boards and provides its reports directly to the Quality and Safety Groups within each SEL CCG and requests feedback on any concerns.

6.2 A learning approach is taken to feedback that follows the same process to ensure learning and improvement as for incidents. This ensures a robust process for implementation and monitoring of actions arising from feedback to ensure that they are completed. The provider undertakes thematic analysis of feedback on a periodic basis to ensure that the service can learn and improve from individual issues and identify themes and trends that may prompt wider action. In addition to this, feedback is analysed along-side complaints, incidents, call review, patient experience and other clinical governance intelligence such as clinical audits. This ensures that the provider can maximise any improvement actions and focus on areas with greatest evidence of need for change and benefit to patients and commissioners.

6.3 Actions and improvements arising from feedback form part of the routine reporting to the NHS SEL 111 Clinical Governance Group and will inform wider discussion and improvements across the urgent and emergency care pathway.

6.4 Example: In the Luton NHS 111 pilot, feedback was received from two health professionals on inappropriate referral for face-to-face appointments for colds and flu. This was discussed at their Clinical Governance Advisory Group and a topic specific call review meeting was set up to review calls. This meeting included senior clinicians, GPs, OOH services, commissioners and a member of the NHS Pathways team. The review of the calls identified inappropriate referral of patients who had a self-limiting illness to face-to-face appointments. The outcome of this meeting was a request for NHS Pathways to revise, review and update all the pathways relating to colds and flu symptoms. This work will be ongoing and necessary to constantly improve and revise Pathways. Any changes can then be implemented in the next version release.

7.Clinical Data

7.1 The NHS 111 specification sets out the requirements for reporting. NHS SEL has added additional reporting requirements in its specification focusing on quality of care and patient experience. SEL commissioners are also keen to include reporting on the actions required to make the 'reasonable adjustments' recommended in the SEL Equality Impact Assessment.

7.2 The SEL 111 Clinical Governance Group will hold the responsibility for the oversight of a reporting and audit framework. Data, trends, and proposed audits will be discussed within this group. The reporting suites within Adastra, NHS Pathways and the Directory of Service, will facilitate the extraction of appropriate data depending on our identified requirements.

7.3 The NHS 111 provider is required to provide activity and quality data via the daily then weekly situation reports (SITrep), the minimum data set (MDS), the contract management reports and a clinical governance report. The SITreps are initially daily upon go live until a 'steady state' is reached and they then move to weekly reports.

8. Commissioner Data

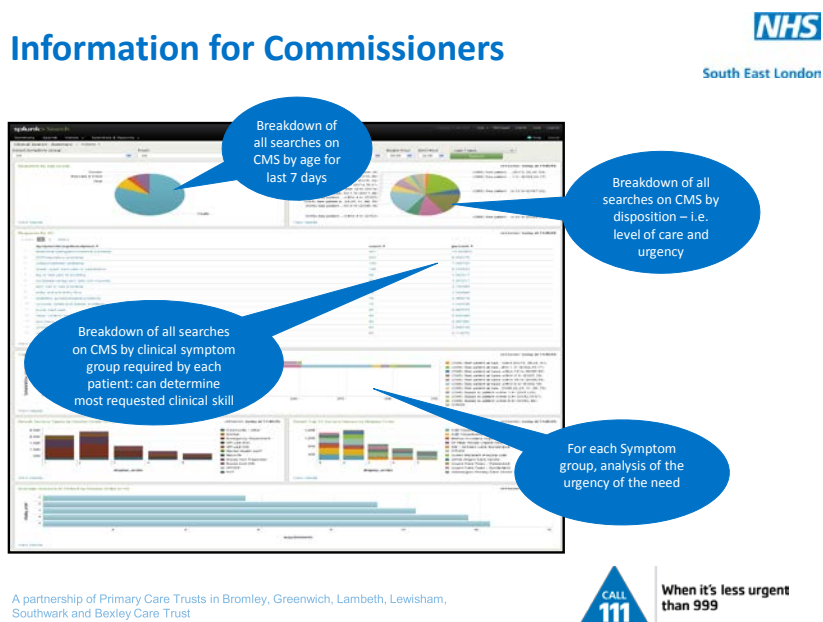
8.1 The initial requirement for data has been agreed as the National NHS 111 MDS. The data from the MDS and the contract management reports will allow the Clinical Governance Group to have a robust overview of the quality and volume of the NHS111 service.

8.2 The NHS 111 provider will present a monthly Clinical Governance report covering performance against the KPIs, the management of risks on the Clinical Risk, analysis and summary of incidents, complaints and healthcare professional and patient feedback.

8.3 The contract management report will also be presented to the Clinical Governance Group and includes activity, forecasted activity, detailed descriptions of dispositions and outcomes. The Chair and the Clinical Governance Group will have the authority to demand any audit and / or further information as required.

8.4 The Clinical Governance Report and the Contract Management report will be made available to all six CCGs and the SEL Clinical Strategy Group.

Figure 4 Example of Information page



9. Bexley CCG specific involvement.

9.1 The Bexley NHS 111 Lead is David Parkins who also chairs the SEL NHS 111 Programme Board and a clinical governance group member . The Bexley GP clinical governance lead is Dr Dharini Shanmugabavan. (Dr Kapil Mahna was the lead until November 2012)

9.2 SEL NHS 111 will be a regular agenda item of the Quality & Safety working group which will receive reports from the SEL NHS 111 clinical governance group and feedback on providers and issues.

9.3 Review of Bexley specific performance and activity data along with communications input will be necessary in order to refine the DoS and the ranking of our services within the DoS. It is intended that Bexley will work jointly with Bromley and Greenwich CCGs for the first 6 months to share learning and expertise to determine the best model to respond to and manage this new information flow. There will be meetings going forward to ensure proper handover while the current expert team is still in place. An element of training will be needed and therefore a network is best to manage this work in the first instance.

9.4 Regular NHS 111 reports will be presented to the Bexley CCG representatives on the SEL Clinical Strategy group. All SEL CCGs will receive regular reports throughout the pilot. As the pilot launch is imminent and subject to system testing, a brief verbal update will be given at the Governing Board meeting.

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Appendix 1 Bexley Ranking @ 29 November 2012

Highest	High	Normal	Low	Lowest
<ul style="list-style-type: none"> Dental Services Optician Pharmacist 	<ul style="list-style-type: none"> Dental Emergency GP in hours GP OOH Provider 	<ul style="list-style-type: none"> District/Community Nurse Non- Prescriber District/Community Nurse Prescriber GP-Led MIU GP-Led UCC GP-Led UCC with ED GP-Led WIC Nurse-Led MIU Nurse-Led UCC Nurse-Led WIC Sexual Health UCC WIC 	<ul style="list-style-type: none"> Ambulance Service Emergency Department Mental Health Palliative Care Specialist Service Speciality ED 	<ul style="list-style-type: none"> Acute Assessment unit Care Home Clinics Community Based Services Community Hospital Complementary and alternative medicine Council Doctor (not GP) ECP Health Visitor Inpatient General Ward Intermediate Care Midwifery MIU Multi-Disciplinary Services NHS Trust Organisational Cluster Outpatient service PCP Social Care Spare Specialist Unit

(subject to constant review)