

Update to the Brent HOSC on the 111 service implementation

May 2013

1. Purpose

This paper provides an overview to the HOSC on the 111 service, its mobilisation and the challenges we are facing in delivering a safe and efficient 111 service in Brent.

2. Context

As set out in The NHS Operating Framework for 2012/13, there was a national requirement on all CCGs to have an operational NHS 111 service for their locality by 31 March 2013.

Scope of 111

NHS 111 is being introduced across England to make it easier for public to access urgent healthcare services.

The free to call 111 number is available 24 hours a day, 7 days a week, 365 days a year to respond to people's healthcare needs when:

- You need medical help fast, but it's not a 999 emergency
- You don't know who to call for medical help or you don't have a GP to call
- You are unsure whether or not to go A&E or another NHS urgent care service
- You require local health information or reassurance about what to do next

Calls are answered by highly 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
- Callers requiring services outside the scope of NHS 111 will be signposted to an alternative service

The 111 service has received considerable national press and professional scrutiny since its launch nationally in April.

3. Procurement and mobilisation

A procurement process was undertaken supported by NHS London which involved Brent, Harrow, Hounslow and Ealing CCG commissioners. Harmoni was identified as the preferred bidder. A contract was signed on the 15th February 2013.

Both the clinical governance group and a delivery group were formed to support the mobilisation of the service across the four CCGs. These groups have undertaken much of the detailed discussion and work associated with mobilising the service which includes:

- Submission of initial clinical governance papers to DH (09/11/2012).
- Face-to-face interview with DH (14/11/2012).
- Development of detailed action plan to respond to issues identified by DH Clinical Governance review (22/11/2012).
- Submission of three Clinical Governance update reports to DH (21/12/2012; 11/01/2013; 29/01/2013).
- DH readiness testing and technical testing ahead of go-live.
- QDoS testing and sign off of comprehensive Directory of Services for each CCG.
- Weekly Delivery Group and Clinical Governance Group meetings to oversee delivery.

4. Start Date

The service planned go live date was the 14th December 2012. The start date was delayed as Harmoni did not manage to deliver a working two way messaging system between clinical systems i.e. messages between 111, the GP practices and out of hours providers in Richmond and Kingston as this was also required for Brent it was not possible to go live on the planned date

It was agreed in February that the service should have a “soft launch” (the service only being available out of hours for patients contacting the GP out of hours telephone line) in February. All parties agreed that whilst a number of operational issues remained unresolved with the provider, Harmoni, a number of these could only be resolved through operational delivery. It was agreed that once the issues were resolved the service would be launched with a publicity campaign to the general public.

Numerous meetings with the provider have failed to rectify the outstanding issues which have culminated with a very poor local and national performance over the Easter Bank holiday weekend. As a result of this Daniel Elkilies, CO, CWHH Collaborative was asked by NHS London to oversee a process to ensure that a satisfactory service was delivered and maintained across London. To this end a contractual notice was served requiring a remedial action plan to ensure that services attained the standard required for a safe public launch. The Remedial Action Plan is being monitored by the Commissioning Support Unit on behalf of the CCGs as is discussed at the contract monitoring meetings which involve the four CCG commissioners.

5. Performance monitoring / performance issues

Performance monitoring is currently being undertaken in four key areas;

1. Clinical Leads (local GPs) across the four CCGs meet every Friday to undertake “end to end” reviews of both real patient calls chosen at random and those which have elicited complaint. This is a combined meeting with the provider which highlights both poor performance and areas where the service may be improved. It is proving very valuable in supporting better decision making by the local call handlers.
2. Contractually the North West London Commissioning Support Unit is monitoring the current performance against a limited number of Key Performance Indicators prior to the full contract being enacted in Brent (public go live), they report weekly and they have noted a recent improvement.
3. The Remedial Action Plan requested by NHS London on behalf of the CCGs

Problems which were highlighted locally but which also have a national impact are being resolved at a national level with input from the providers e.g. adult and children safeguarding training to level 2

6. Recent Performance

Performance has improved since Easter with call abandonment and calls answered in 60 seconds meeting or being very close to required standards on most days with a notable exception of Saturday 11th May. The provider is required to provide a formal investigation into the reasons behind the performance, lessons learnt and the remedial action that has been put in place when a standard is not met.

A critical performance indicator that has caused concern both locally and nationally is meeting the requirement of all call backs to patients within 10 minutes of their initial call to the service, this remains a serious challenge. Mitigating actions have been prioritised such as queue prioritisation. This has been put in place while the underlying issues of staff numbers and rotas are addressed.

Performance of Outer North West London are attached as Appendix 1

7. Conclusion

The HOSC is asked to receive and note the report and the North West London 111 performance data.