



NHS 111 in Oxfordshire
Oxfordshire Joint Health Overview and Scrutiny Committee – Thursday 13th June 2013

1. Introduction

The NHS 111 service has been introduced to make it easier for the public to access healthcare services when they need medical help fast, but it is not a life-threatening situation. 111 provides patients with the right care, from the right person, in the right place, at the right time.

111 was launched in Oxfordshire on Tuesday 18th September 2012. Oxfordshire Clinical Commissioning Group (OCCG) was an early adopter of 111 nationally, with the Department of Health requiring that all CCGs provide 111 by 1st April 2013.

The service was available 24 hours a day but was launched with limited publicity, a process identified by the Department of Health as 'soft launch'. The service was promoted to the public on Tuesday 8th October- 'hard launch', with publicity including leaflet maildrops to households across the county. In addition to providing patients with triage, advice and information 24/7, 111 serves as the access point to Out of Hours GP care (between the hours of 1830 and 0830 on weekdays and 24 hours at the weekend) within Oxfordshire.

The weeks between soft and hard launch allowed Oxfordshire Clinical Commissioning Group, Oxford Health NHS Foundation Trust (Oxford Health) and South Central Ambulance Service NHS Foundation Trust (SCAS), to ensure the service was robust and would meet the needs of patients locally. These three organisations worked very closely together during planning, implementation and subsequent to launch of the service to ensure that 111 in Oxfordshire reflects the needs of the local population, was informed by local clinicians and provides a service that is well integrated with health and social care provision across acute, emergency and community settings.

On 25th January 2013, the NHS Direct (0845 4647) telephone advice service across Oxfordshire ceased, with callers being advised to ring 111. 111 provides all of the functions that NHS Direct offered, but is also able to dispatch ambulances to patients that require an emergency response and book appointments for Out of Hours GP care.

111 is more than telephone triage; it is a service provided by a number of partner organisations working together to ensure that patients receive the right care, first time. The success of 111 is a combination of call answering, assessing the patient's needs successfully through the nationally approved telephone triage system (NHS Pathways) and then directing that patient correctly to the most suitable, available service that is able to meet their needs.

2. Performance

From the 18th September 2012 to 13th May 2013, 111 in Oxfordshire had answered 116,838 calls.

The Department of Health has set a number of Key Performance Indicators (KPIs) for 111 services nationally to achieve. Two of these indicators are intended to assure the safe and effective management of patients seeking to access care urgently. The first KPI is the percentage of calls that are answered within 60 seconds of the patient contacting 111- this is to ensure that patients get rapid access to assessment and that those calling with life threatening conditions are managed as

quickly as possible. The second KPI measures the percentage of calls that are abandoned and therefore have not been assessed. This serves as a proxy for the number of patients that may seek to access health care by another route.

90% of the 117,000 calls to 111 in Oxfordshire on average have been answered within 60 seconds- the national target is 95%. The percentage of calls normally answered within this target has shown considerable improvement since launch, particularly since mid-April and performance is now usually well above 95%.

Call answering performance during periods of high demand, such as Saturday and Sunday mornings or Bank Holidays, has been less effective but has shown the same general improvement as during the week. Notable challenges to call answering performance occurred during February half-term and during both Christmas and Easter, although the service continued to provide a safe service to Oxfordshire patients during these times. On each of these occasions, OCCG worked with Oxford Health and SCAS to rapidly review and address performance, taking action to ensure that the service swiftly improved. The three organisations work jointly ahead of each week and in particular in advance of periods of known pressure such as Bank Holidays to review demand and ensure staffing levels are appropriate to manage the anticipated volume of callers.

Challenges were also experienced when the NHS Direct telephone service was stopped across Oxfordshire and also during the first part of 2013 as a result of over flow (out of area) calls caused by the rest of the country rolling out their 111 services. As call volumes have stabilised, this has enabled more accurate profiling of the number of call handlers and clinicians required in the call centre during each hour, which has supported the improved call answer performance.

On average 2.9% of calls are abandoned- the patient hangs up the phone prior to their call being answered by a call handler. This can be for a variety of reasons, including that the patient has dialled 111 in error. The national target for abandonment rates is 5%, so SCAS perform well compared to other providers.

3. Patient outcomes within 111

6% of calls to 111 on average result in an ambulance being dispatched. Although 111 is not intended as an emergency service, when NHS Pathways- the triage tool used to assess patients- identifies that an ambulance is required, call handlers can arrange this just as quickly as if the patient had dialled 999 directly. Of these calls, at least 40% of patients are treated on scene by the crews or referred to a GP and do not need transporting to hospital. Nationally, it is expected that up to 10% of 111 calls will be passed immediately across to the 999 Ambulance service for response. Therefore Oxfordshire performs well against other areas and demonstrates the advantage of having 999 and 111 call answering services co-located in a single space.

Only 3% of callers have been advised to attend Accident and Emergency; this has been supported by recent audit and impact analysis. 47% have been directed to primary care such as a GP, either their own during the in hours period (0830 to 1830) or an Out of Hours GP during evenings and weekends. 39% of callers have been managed within 111 and have not required referral to another service.

One of the strengths of 111 is the ability to review patient pathways through and beyond the initial triage, to ensure that community services, such as GP Out of Hours services, Minor Injuries Units and community nursing services are available at times and in locations that are accessible and convenient for patients. Where gaps are identified, commissioners of health services can identify where patients may benefit from services being provided differently. Analysis of these patient pathways is ongoing.

4. Patient satisfaction

Patient surveys about their experience of 111 locally will be conducted every 6 months. The first survey in February, to which 196 patients responded, found high levels of patient satisfaction.

82% of patients that responded to the survey felt that 111 directed them to the most appropriate service and 84% were happy with the service that they received. 89% of patients would recommend 111 to friends and family.

Had 111 not been available, 7% of patients would have attended A&E directly and a further 8% would have dialled 999. The majority of patients (73%) would have contacted primary care.

111 has been the subject of national media interest recently, with attention focussing on negative experiences by patients and healthcare professionals. However, locally the service can demonstrate that it is generally highly regarded by the public.

5. Impact on local services

Nationally, concerns have been raised regarding the impact of 111 on urgent and emergency care services, particularly patient waits at A&E.

Locally, attendances at Accident and Emergency departments have increased significantly between 2011-12 and 2012-13 by approximately 6.5%. However, comparing the months in 2012-13 prior to 111 launching (April to September) and the months post launch, A&E activity has shown a more modest increase, which also reflects usual increased demand over the Winter period for health services.

Ambulance call outs have also shown a significant increase of 16% comparing 2011-12 and 2012-13. However, analysis in 2012-13 of call outs prior to launch and in the months afterwards show demand was very similar in both periods, reflecting that increased demand is not solely due to 111.

6. Accolades, complaints and incidents

Since launch and over the course of nearly 117,000 calls to 111, Oxfordshire Clinical Commissioning Group has received 14 accolades, 6 complaints and 16 concerns about the service from members of the public. Each complaint is fully investigated and responded to by the CCG, in partnership with Oxford Health and South Central Ambulance Service where appropriate.

Incidents are discussed three times per week via a teleconference between Oxfordshire CCG, Oxford Health and South Central Ambulance Service at which initial actions are decided and investigators allocated. Lessons learned and actions taken are added to the record once the investigation is complete. The incidents are reviewed at a monthly Datix Closure Meeting when they are either closed or further work is requested.

There have been 3 serious incidents requiring investigation (SIRIs) since launch of 111 in Oxfordshire, two of which related to OCCG concerns about performance against the Key Performance Indicators. Both of these incidents resulted in actions to improve performance being agreed between OCCG, SCAS and Oxford Health. The third incident is still undergoing investigation.

7. Re-commissioning the service

Oxfordshire Clinical Commissioning Group decided that 111 would be piloted in Oxfordshire, so that its effects on local health and social care services could be fully understood before tendering for the service in a competitive market. OCCG ensured that by working with Oxford Health, the providers of GP Out of Hours care in Oxfordshire and South Central Ambulance Service, the introduction of 111 would be safe and ensure that patients requiring urgent and emergency care would receive this rapidly.

The current contract for 111 services provided by SCAS will end in July 2014. OCCG will shortly begin the process to re-commission 111 locally. It will work with partners across health and social care to ensure that the service meets the needs of patients and professionals, reflects the clinical expertise and knowledge of local services of clinicians and ensures that patients seeking to access care urgently do so in the right place, first time.

111 has the potential to benefit patient care significantly in Oxfordshire, managing flow across community and acute services more effectively, basing decisions about new services on identifiable patient need and offering a robust system to deliver the right care, first time. OCCG will ensure that re-commissioning of 111 makes full use of these opportunities.

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