

The New National Three Digit Number – NHS 111

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Introduction

- 15 minutes to cover three years hard work!
- We have achieved much:
 - urgent care strategy written and delivered
 - whole systems change
 - urgent care transport service
 - telephonic single point of access migrated to NHS 111
- Small project team
- Valued support from DH project team
- Blue River Consulting support for overall strategy



Local context

- Population 620,000, mix of urban and rural
- No obvious reasons why lessons wouldn't transfer
- Urgent care stakeholder consultation
- Patients and professionals “confused”, themes emerged
- Urgent Care Strategy April 2008
- Urgent Care Transport Service April 2009
- Urgent Care Clinical Service 24/7 October 2009
- Single Point Access October 2009
- NHS111 August 2010



COMMISSIONING INTELLIGENCE AND CONTROL



County Durham and Darlington

ACCESS



ANSWER

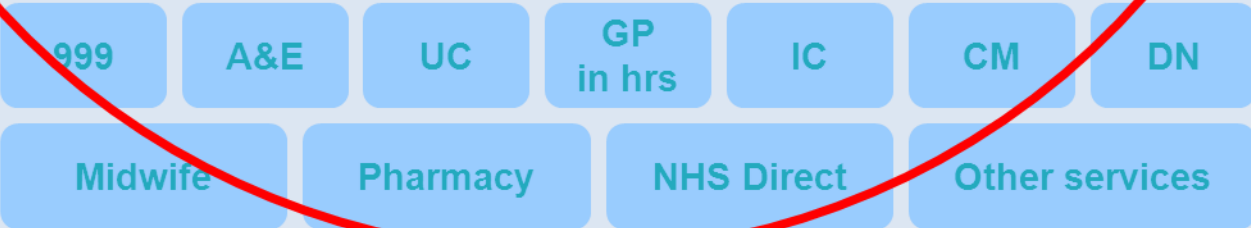
111 call advisers
Locally commissioned call handling

ASSESSMENT

NHS Pathways
Consistent assessment of clinical needs

APPROPRIATE CARE

Directory of local skills and services (CMS)
Provided by each NHS organisation in a PCT area, including opening hours, referral criteria, and real-time capacity



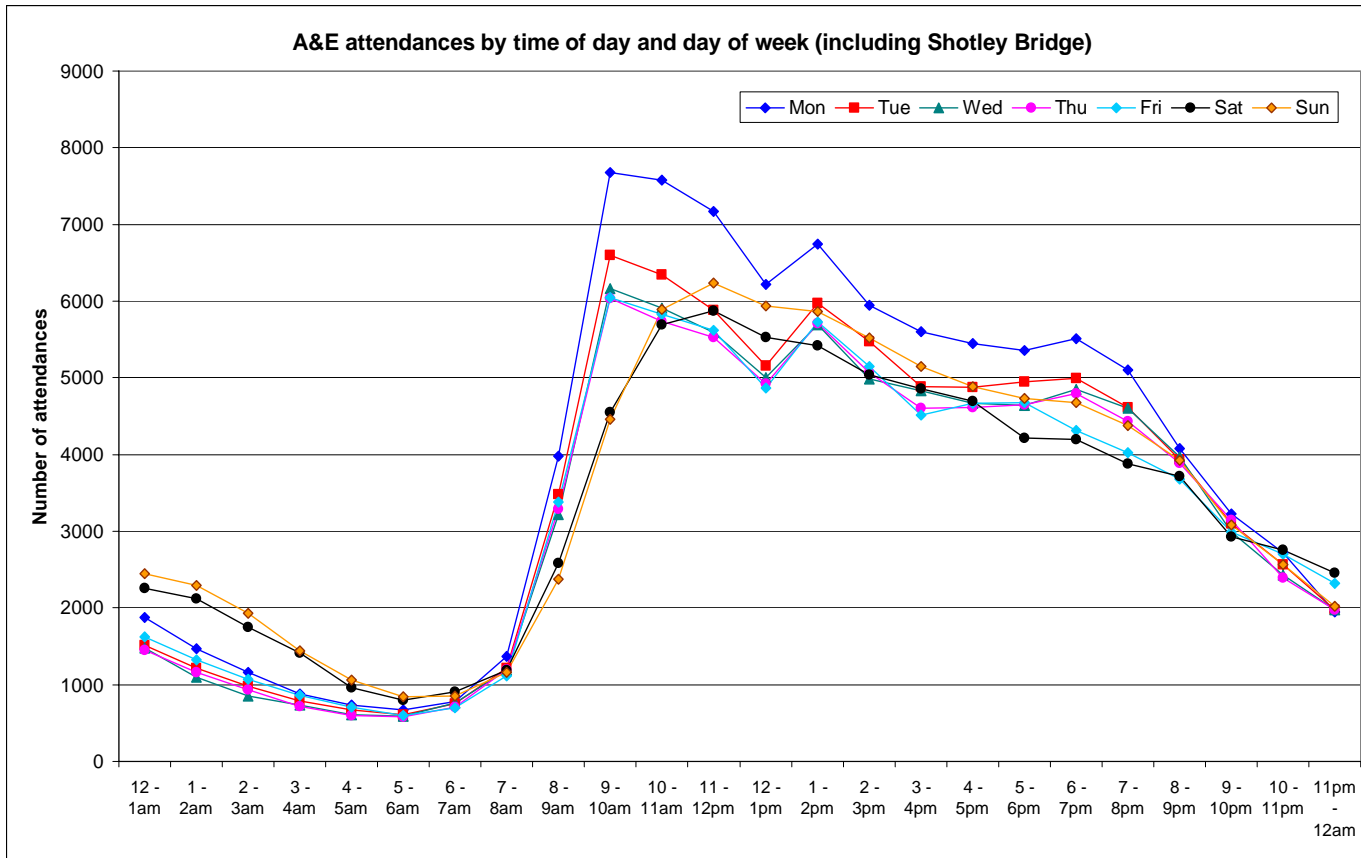
Transport Service



- Demonstrated value from Day One
- Cost effective as invest to save
- Recommend it as a key step



Demand reflects system weaknesses



Demand issues

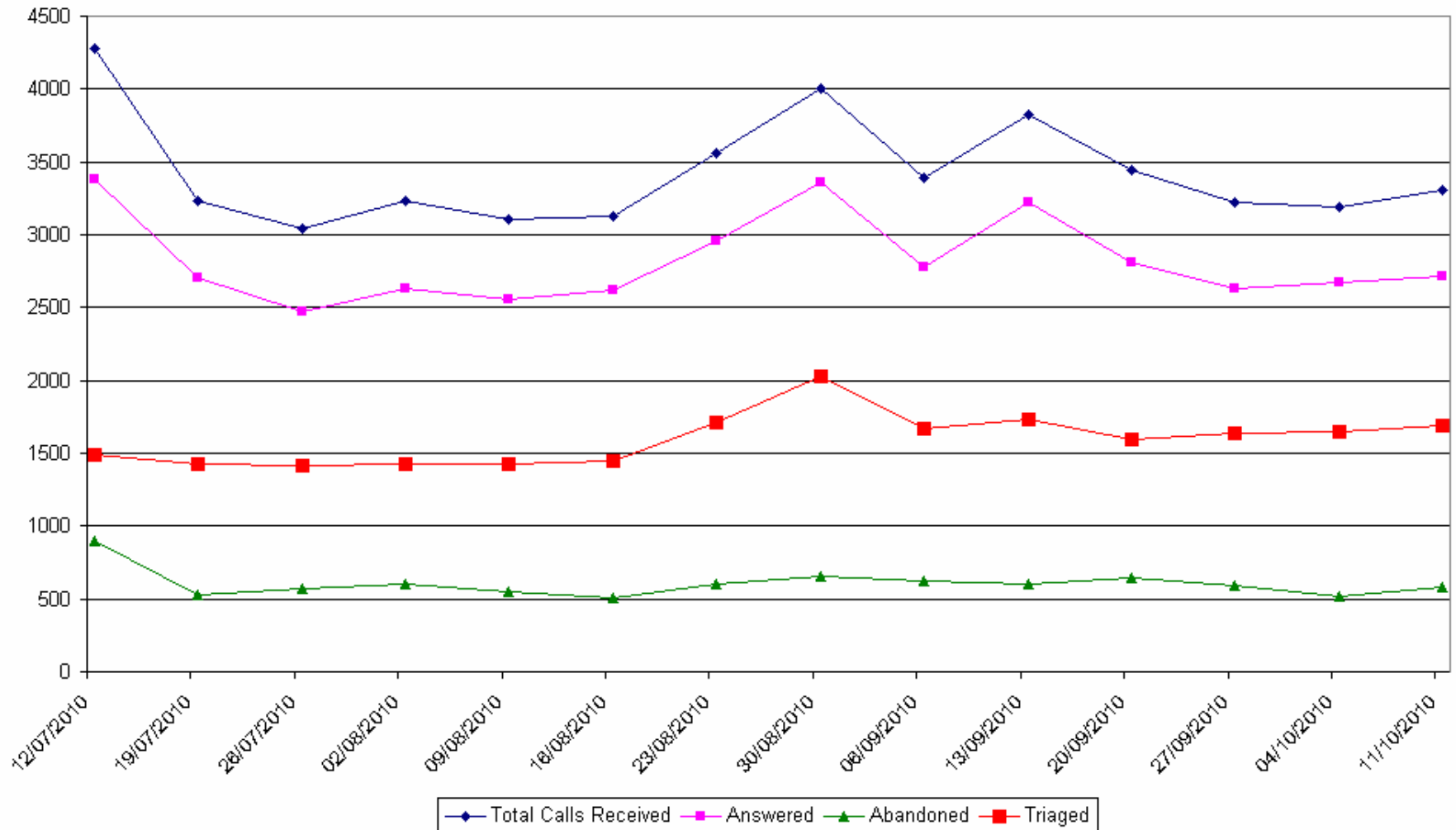
- Clear peaks in appointments and calls
- Consistent across all tiers and services
- Attempts to reach GPs are the central issue

- Telephonic centre demand expressed as coverage % of population and is key to cost and service design
- Our original modelling was 45%
- Current level suggest lower figure of circa 35%



Demand is manageable

Calls received by 111 service July to October



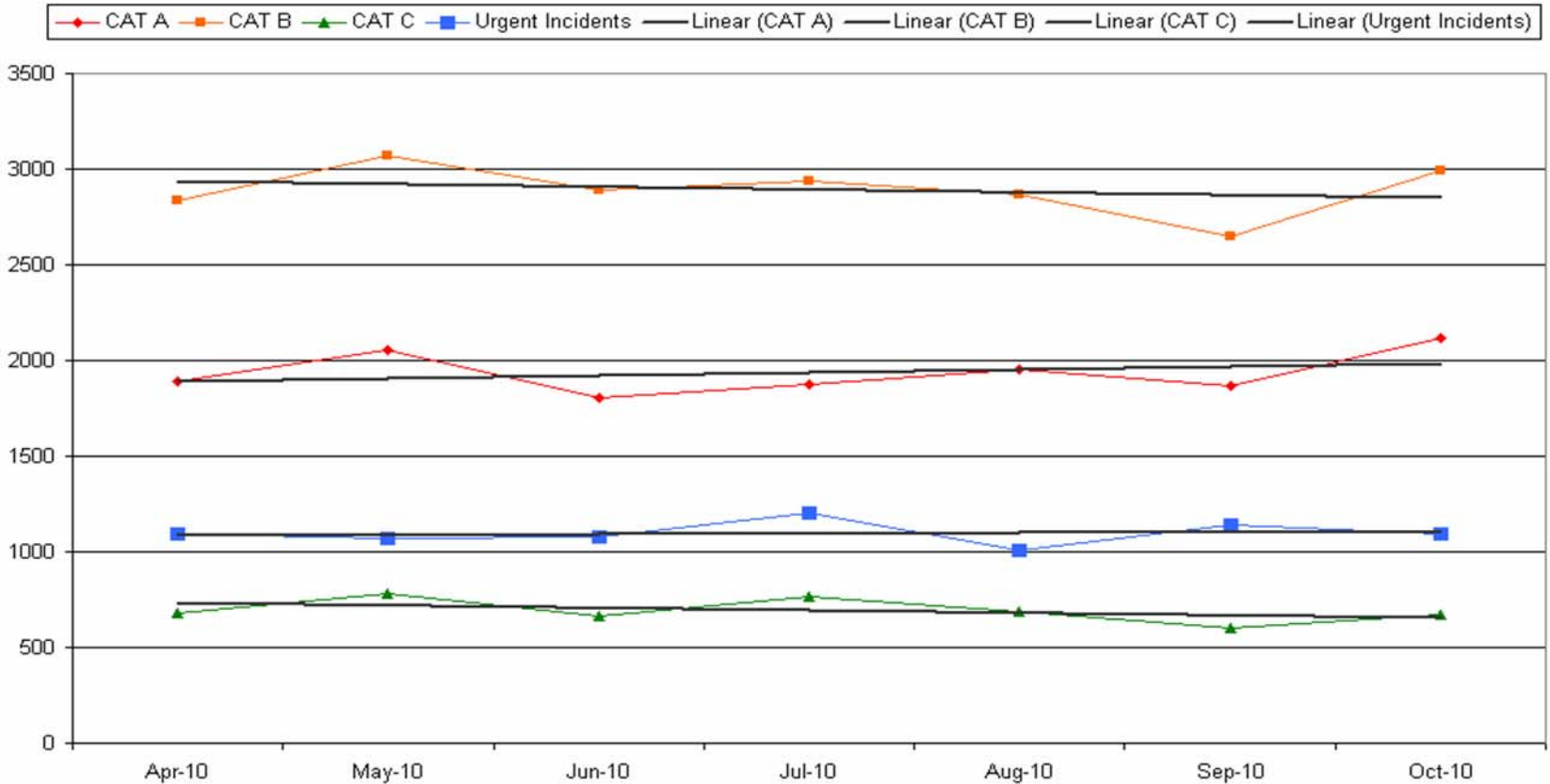
Early impact data

- All kinds of cautions on this as it is early data
- Ambulance activity down for Cat A and especially Cat B
- A&E attendances reduced
- Urgent Care Centre attendances reduced
- Calls to NHS Direct reduced

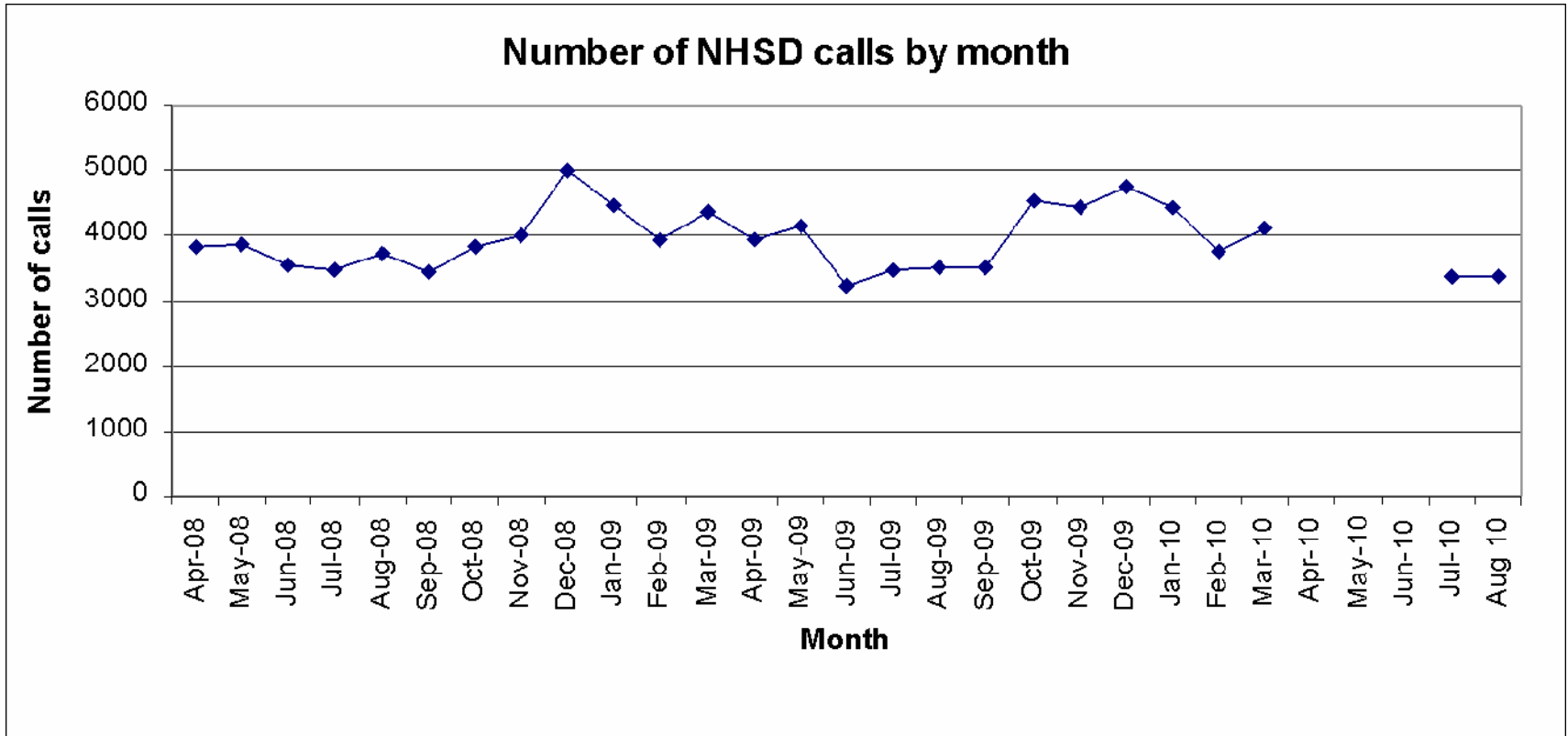


NEAS Activity CD&D

NEAS Activity CD&D April to September 2010



NHS Direct Calls



Qualitative evaluation

- Service originated not as QIPP but in order to improve patient experience
- Local SPA evaluation by Dr Sally Brown/Prof Greg Rubin to be published end Oct 2010, 500 contacts, SPA phase
- Reason, advice, action, outcome
- National evaluation – Sheffield University

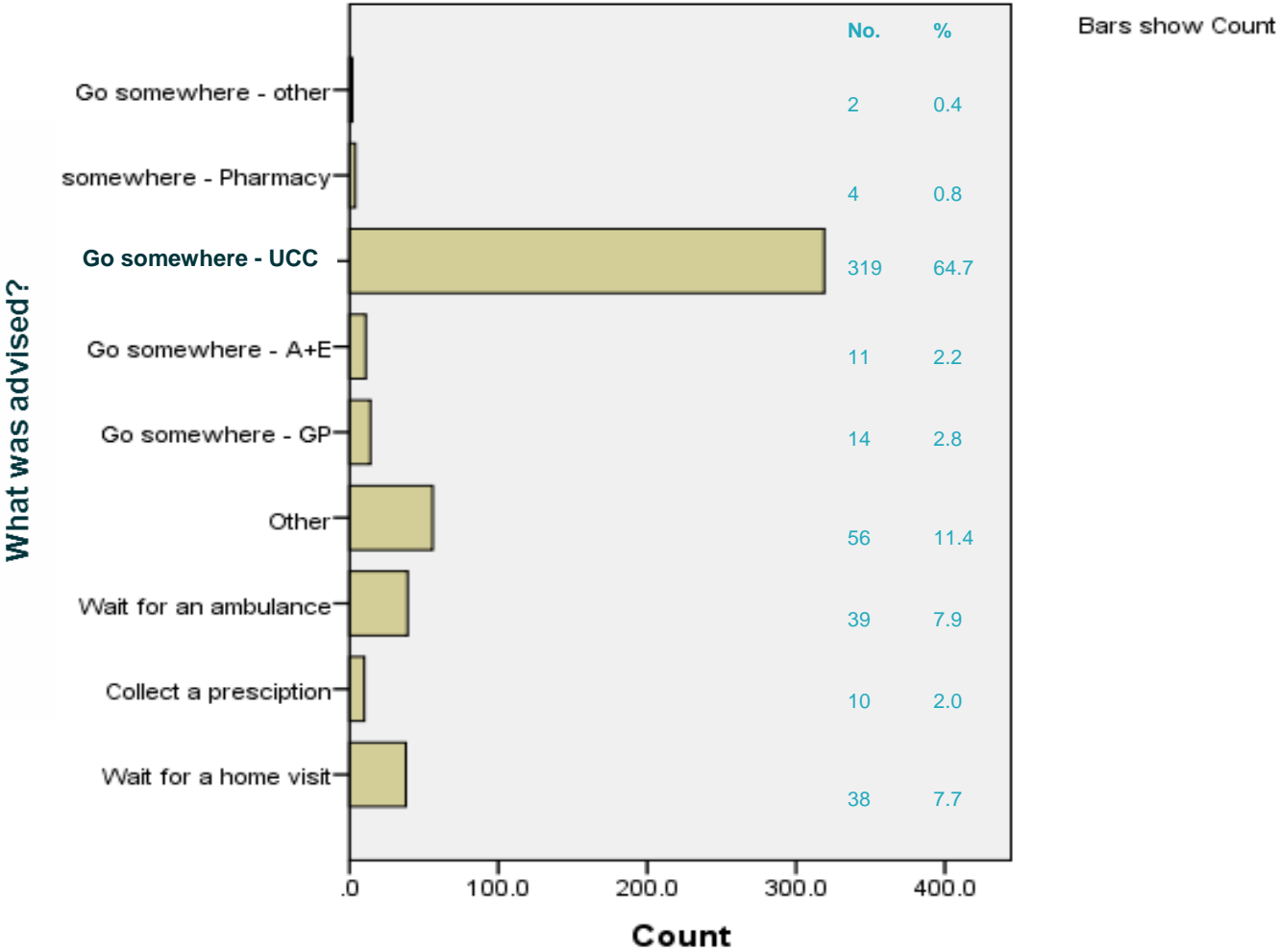


Non-clinical call handlers

- We use NHS Pathways – higher awareness in north east
- NHS Pathways nationally recognised by major Colleges
- NEAS train, supervise, audit
- NE 12th July-9th Sep 27937 calls
- 90% resolved by call taker alone
- Key is to extend training of, and access to, this system



Evaluation – what do callers do?



Clinical engagement

- Major lesson learnt – can't emphasise enough
- Prior to SPA
- Prior NHS 111
- How much is enough?
- The more we have engaged, the more positive the response
- Urgent Care Clinical Governance Group
- Urgent and Emergency Care Network
- Future stakeholders



Challenges ahead

- Does NHS 111 truly meet callers' needs?
- Direct links to GP appointment systems
- Should alternative options be de-commissioned?
- How will service be commissioned?
- Cost efficacy works but needs initial investment
- Locally – PCT/Community services to FT
- Stakeholders of future
- Ensure decisions patient focused and clinically sound



Thank you.
Any questions?

