

**Southend-on-Sea Borough Council**  
**Report of NHS Southend Clinical Commissioning Group**  
**to**  
**Health & Wellbeing Board**  
**on**  
**5 June 2013**

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**Agenda  
Item No.**

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**NHS 111 South Essex Implementation Report**

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**1. Purpose of Report**

1.2 The Health & Wellbeing Board are asked to note the contents of this report outlining the implementation of the NHS 111 in South Essex.

**2. Recommendation**

2.1 NHS 111 is part of wider revisions to the urgent care system to deliver a 24/7 urgent care service that ensures people receive the right care, from the right person, in the right place, at the right time.

2.2 The implementation of NHS 111 in South Essex has been recognised as best practice nationally. NHS 111 was noted to be:

- \* Embedded well into local system
- \* Meeting performance requirements
- \* Have low levels of Accident and Emergency (A&E) referrals
- \* Have low % of 999 dispositions

**3. Background**

**Introduction**

3.1 The introduction of NHS 111 is part of the wider revisions to the urgent care system to deliver a 24/7 urgent care service that ensures people receive the right care, from the right person, in the right place, at the right time.

3.2 Nationally the introduction of NHS 111 has experienced some difficulties in its implementation.

3.3 However the South Essex launch has been recognised as best practice, particularly in relation to the integration of services and technical systems. The local team has been invited to support an NHS 111 national task group.

## **NHS 111: The Launch**

- 3.4 NHS 111 was launched across South Essex on the 19<sup>th</sup> March 2013, with all call handling for 'Out of Hours' being transferred to the new NHS 111 number. Arrangements for GPs who did not 'opt out' of providing out of hours services have remained unchanged.
- 3.5 The delay to the launch of the North Essex service resulted in a greater than anticipated demand for the service in South Essex. In the first month of operation the service received over 17,911 calls against an anticipated call activity of 16, 000.

## **Governance**

- 3.6 The implementation and performance management of NHS 111 has a clinical oversight at each stage of the process with clinical leadership from both NHS Southend and NHS Castle Point and Rochford Clinical Commissioning Groups.
- 3.7 NHS 111 meets monthly with clinical leads, the ambulance service and commissioners to review the clinical quality, performance and patient outcomes from triage.

## **Performance and Activity: March 19<sup>th</sup> – April 18<sup>th</sup> 2013**

- 3.8 The current data is based on South Essex activity; CCG specific data will be available from May 2013 onwards.

The 17,911 calls received during March/April were triaged as follows:

- 2687 were not seeking health related advice e.g. Blood test results, etc.
- 3,586 calls were from people without symptoms seeking advice e.g. local pharmacy, Dentist etc.
- 11,638 calls required triage through NHS pathways Clinical assessment
  - 749 required an ambulance (6.2%) of triaged calls and is below the national average
  - 493 were referred to Accident and Emergency service (4.1%)
  - 4469 referred to Out of Hours GP service (OOH) (37.2%)
  - 709 Patients referred to GP in Hours (5.9%)
- Other calls resulted in advice regarding :
  - Access Dental Services /pharmacy services
  - Access to Home care services
  - Health information
- Call handling
  - 936 calls were abandoned which represented 5% of all calls the target was < 5%:
  - 74.65% of calls were answered within 60 seconds against a planned response time within 60 seconds of >95%

- 3.9 Prior to the launch of NHS 111 there were a number of concerns expressed regarding the activity that NHS 111 might generate, particularly in respect of ambulance call outs and referrals to A&E services.
- 3.10 While the Out of Hours activity has increased significantly compared to historic data for this period, and is being monitored, at this stage it is seen as positive, in that it indicates callers are being directed away from the ambulance service and the A&E department.
- 3.11 The number of abandoned calls is within the 5% tolerance, however the number of calls responded to within 60 seconds was disappointing, only 74.65% against plan of 95%. Further interrogation of the data has identified a spike in call activity from North Essex. Performance is now improving with an average call response rate within 60seconds of 92% since 10<sup>th</sup> April 2013.

### **Compliments and Complaints**

- 3.12 Feedback from professionals and the public has been predominantly positive. Concerns from healthcare professionals have focused on two main areas, the reporting from the NHS 111 SystemOne back to practices, and issues around consent to share records.
- 3.13 Issues relating to consent to share information revolve around the use of different SystemOne modules. The NHS 111 system is using the latest SystemOne module which hasn't been fully implemented across all SystemOne users in South Essex and while this has impacted on the ability of the system to share information in a timely and consistent way, it has not resulted in any information governance breaches. Work undertaken by the information team has now reduced the errors significantly to within expected levels.

## **4. Conclusion**

- 4.1 The implementation of NHS 111 across South Essex has been positive so far but will kept under close scrutiny. The CCG NHS 111 clinical lead will continue to have oversight of the service with weekly teleconferences and attendance at the monthly governance meeting.

## **5. Reasons for Recommendation**

- 5.1 The Health & Wellbeing Board members are asked to note the contents of the report and acknowledge the achieved success of the implementation of NHS 111.