DECISION-MAKER:		SHADOW HEALTH AND WELLBEING BOARD		
SUBJECT:		111 NON-EMERGENCY SERVICE		
DATE OF DECISION:		23rd JANUARY 2013		
REPORT OF:		COMMISSIONING MANAGER UNSCHEDULED CARE SOUTHAMPTON & SW CLINICAL COMMISSIONING GROUP		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The Health and Wellbeing Board examined initiatives to reduce unscheduled hospital admissions at its meeting in November 2012. One of the measures referred to in that report was the introduction of the new 111 non-emergency service. The Board indicated it wished to examine the details and capacity of the service in greater detail. This report outlines the scope of 111, the key elements in the implementation plan, and the way it is likely to impact on other elements of unscheduled care across the system.

RECOMMENDATIONS:

(i) That the Health and Wellbeing Board notes the arrangements for implementing the 111 service, and identifies any instances where the introduction of 111 might provide opportunities for joining up service elements and take pressure off other parts of the unscheduled care system

(ii) That the Health and Wellbeing Board reviews the operation of the 111 service after its first year of operation

REASONS FOR REPORT RECOMMENDATIONS

1. To respond to the Board's decision at its previous meeting to examine the 111 service in greater detail and assess its impact on other elements of the unscheduled care system.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

The new 111 service

3. As set out in the "Equality and Excellence: Liberating the NHS", (DH publication 2010), the Government is committed to developing a coherent 24/7 urgent care service in every area of England, that makes sense to

patients when they have to make choices about their care, and in order to drive integration of services. To help deliver this, the new NHS 111 telephone number is being made available.

4. The NHS 111 service has been successfully piloted in a number of Primary Care Trusts (PCTs) and is now being rolled out nationally. Strategic Health Authorities (SHAs) have been tasked with ensuring that full coverage is achieved by April 2013 in accordance with the national NHS 111 Service Specification. SHIP Board of Clinical Commissioners (BoCC) agreed in October 2011 to commence with a programme of work to commission a NHS 111 mainland Hampshire service. CCGs are taking a lead on ensuring the availability of a comprehensive Directory of Skills and Services (DoSS) and associated referral protocols to underpin the delivery of NHS 111

5. The provision of a memorable three digit telephone number – NHS 111 – with a national brand and agreed service standards will make it easier for the public to make best use of care services. The aims of the NHS 111 Service in Hampshire are to:

- Provide call handling, clinical assessment and appropriate referral to other NHS services for NHS 111 calls in a defined geographic area;
- Provide consistent clinical assessment of patient needs at the first point of contact;
- Integrate with a directory of locally available services to enable patients to be directed to the right service following clinical assessment;
- Promote improved integration with other service providers to allow the forwarding of information and booking of appointments;
- Provide improved management information and intelligence regarding the demand and usage of non-emergency healthcare services enabling evidence based commissioning and proactive support to be offered to specific patient groups;
- Get people to the right service first time, including self-care where appropriate;
- Improve the public experience accessing healthcare;
- Reduce health inequalities by improving access;
- Provide Commissioners with management information regarding usage of services

- Enable greater use in the future of digital access channels reducing the need for telephone contact.

6. The aim of the NHS 111 Service is to ;
   - improve the efficiency of the urgent and emergency healthcare system by connecting patients to the right service in the right place, first time, thereby reducing the number of 999 incidents, and the number of attendances to Accident and Emergency (A&E);
   - improve patient and carer experience by providing clear, easy access to more integrated services;
   - provide a modern, efficient entry point to the NHS focused on patient needs and supporting the use of more cost-effective channels;
   - enable the commissioning of more effective and productive healthcare services that are tuned to meet patient needs, thereby reducing duplication and waste in the system;
   - Provide commissioners with management information regarding the usage of services

Implementation timetable and key milestones

7. The 111 service is set to go live during January 2013, and the key milestones are set out below:

   - The Department of Health will test the service for the SHIP area on week commencing 15th January 2013

   - On 22nd January the Department of Health are expected to fully authorise the SCAS service as 111 accredited; Just prior to that date NHSDirect staff will TUPE transfer into the SCAS call centre (they will be fully trained on Pathways in advance);

   - The new soft launch takes place on 22nd January 2013

   - On the 22nd January NHUC Out of Hours services will hook up to the 111 service for call handling / clinical triage, going live approximately 6.00 p.m. that day

   - NHSDirect calls will cease on 22nd January and the SHIP 111 service will become fully 24/7.

   Portsmouth City CCG will lead on behalf of the 111 and Portsmouth Health Ltd / HDOCs Out of Hours commissions. A managed transfer for future commissioner arrangements is taking place, involving working closely with Portsmouth City CCG leads,

Projected service volumes and capacity

8. Service volumes were based on the streamlining of a number of services, including Out of hours numbers, dental helpline numbers and NHS Direct, therefore a number of planning assumptions were made in order to develop the activity profile for the NHS SHIP 111 Service.

(i) That there will be less first contacts into Out of Hours(OOH) services given that 111 will be the OOH call handling service and a proportion of call dispositions are expected to be 'self-care' or visit pharmacy for over the counter(OTC) treatments

(ii) That there will be overall less OOH visits and /or surgery attendances but conversion rates of contacts will be higher: given that 111 will be the call handling service a proportion of calls will be 'self-care' or visit pharmacy for OTC treatments etc, but calls that are referred into OOH after assessment and triage through 111 are more likely require attendance / visit.

(iii) That there will be less overall A&E attendances: both minor and standard attendances are expected to reduce as a result of increase in referral to GP in hours / Pharmacy and / or self-care alternatives

(iv) That there will be more patients being referred to attend MIUs, Walk In Centres (being referred away from A&E / OOH and Ambulance service providers) as a result of appropriate disposition via assessment and triage by the NHS Pathways and DoSS

(v) That there will be an overall increase in referrals through to community and mental health services as a result of the 111 assessment and triage of patients using the Pathways / DoSS procedure.

(vi) That there will be a reduction in Category C calls (not serious or immediately life threatening) handled by Ambulance Services as a result of the availability of the alternative 111 non urgent call lines: calls will go through 111 and be dealt with via the assessment and triage through the NHS Pathways and DoSS procedure

(vii) That there will be a reduction in each acute health system of NEL admissions as a result of the overall reduction in referrals through the urgent pathway.

(viii) That there will be an increase in patients being seen or having a telephone consultation within in hours GP practices as a result of the 111 assessments and triage.

(ix) That there will be a reduction in NHS Direct calls / no more calls into NHSD (final termination date to be determined)

(x) That the calls currently being dealt with by the Dental helpline and Emergency Dental Services out of hours will be handled by the NHS 111 contract provider

(xi) That a proportion of GP Urgent calls into Ambulance for onward conveyance to Acutes will be redirected into community and mental health by contacting 111 professional help line.

9. The contract was tendered on the basis of a core number of contacts on a cost and volume basis with incentive payments for the achievement of performance goals set out in the contract, these performance goals are related to a threshold on calls transferred to 999, a threshold on callers advised to attend the A & E Department and increasing self-care advise.

The core activity for SHIP is set out below

Year 1 Nos	Year 2 Nos	Year 3 Nos	Year 4 Nos	Year 5 Nos
378,000 to 558,000	381,780 to 563,580	385,598 to 569,216	389,454 to 574,908	393,348 to 580,657

Plans for promoting the service

10. NHS 111 is National programme, the promotion of which is centrally controlled and incremental. This will be locally supported through the communications team.

Key risks identified affecting successful delivery, implementation and success of the 111 Service

11. If the core programme team are affected by the impact of the new structures and are slotted into new substantive roles before February 2013, there is a risk that core programme team will not be available to assist with the final stages of mobilisation. Actions are underway to transfer skills, knowledge and learning to all CCG commissioners.

If there is no permanent ongoing management of the DOSS following dissolution of SHIP PCT cluster, risk that DOSS will become inoperable for the 111 service. To mitigate this risk, a job description for DOSS lead has been developed and will be submitted to CSU for grading.

Measures that can identify whether the service has avoided admission to hospital

12. NHS 111 is an enabler in the unscheduled care system and key to the success of NHS 111 is an up to date and accurate Directory of Skills and Services(DOSS), the provider will be able to interrogate the DOSS and provide valuable information regarding dispositions arising through the use of

the pathways software and what services were available to refer patient to. This will enable commissioners to identify gaps in provisions and commission from an informed position.

The DOSS has been developed locally in partnership with providers to ensure accuracy, the ranking system available as a function of the DOSS has been configured to ensure patients are referred to the appropriate service for their needs.

RESOURCE IMPLICATIONS

Capital/Revenue

13. The cost to the NHS of the Service for Hampshire, dependent on volume of activity will be between £4m and £6m per year. There are no costs falling on the council.

Property/Other

14. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. The health and wellbeing board's powers to consider issues which impact on health and wellbeing of the population are set out in sections 194 – 196 of the Health and Social Care Act 2012.

Other Legal Implications:

16. None.

POLICY FRAMEWORK IMPLICATIONS

17. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

	None

Documents In Members' Rooms

	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
	None	