



**Wiltshire
Clinical Commissioning Group**

Report on NHS 111 Performance
1st November 2013 to 16th February 2014
for
Wiltshire Council Health Select Committee
11th March 2014

1 CONTEXT

The Contract for the delivery of the NHS 111 service was awarded to Harmoni by NHS Wiltshire in July 2012 following a South West procurement process; Harmoni has since been taken over by Care UK Ltd. The NHS 111 service in Wiltshire commenced “soft launch” on 19 February 2013.

As the Health Select Committee are aware, the Performance of the NHS 111 provider in our area was unacceptable during the initial period, and Full Service Commencement was not reached nor a Service Acceptance Certificate issued within the originally anticipated timeframe of March 2013. The CCG Governing Bodies for Wiltshire and Bath and North East Somerset (BaNES) met three times to consider the performance issues and clinical risks; firstly on 24 April 2013, and on 19 June 2013, and then on 17 September 2013 to agree to migrate to Full Services Commencement. The Clinical and Managerial leadership of the CCG were kept fully apprised of developments regarding this service by weekly updates from the Rectification Task Force (which was chaired by Wiltshire CCG and included the other CCGs and established 10 April 2013), and verbal updates in both Governing Body and Executive meetings.

Essentially, given the very poor start of the Service earlier in the year, the Governing Bodies decided to defer the timeline for implementation and the CCGs entered into a Rectification Plan phase with Harmoni in order to remedy the service failures and breaches to date. During this period contingency plans were enacted in order to backstop the service, and at the last meeting of the Joint Governing Body the direction was inter-alia to pursue options to preserve a dedicated Health Care Professional line within the service whilst continuing to work with Harmoni-to bring the Service up to an acceptable standard. This Health Care Professional Line has been in place ever since to provide specified services (such as paramedics, MIU, pathology and Care Homes) and pre agreed patient groups (those on palliative care registers) direct access to the Out of Hours service for clinical advice, and arrange an appointment or visit if required.

The Service reached Full Service Commencement on 28th October

2 GOVERNANCE

Wiltshire Clinical Commissioning Group and Bath and North East Somerset Clinical Commissioning Group act as co-commissioners for the contracted provision of NHS 111 services by Harmoni (Care UK Ltd). Similar co-commissioner arrangements exist between Gloucestershire Clinical Commissioning Group and Swindon Clinical Commissioning Group; and the South West Commissioning Support Unit who provide contractual support to Bristol, South Gloucestershire and North Somerset Clinical Commissioning Groups.

Collectively a contract management group has been established that meets with Harmoni to review the monthly performance report.

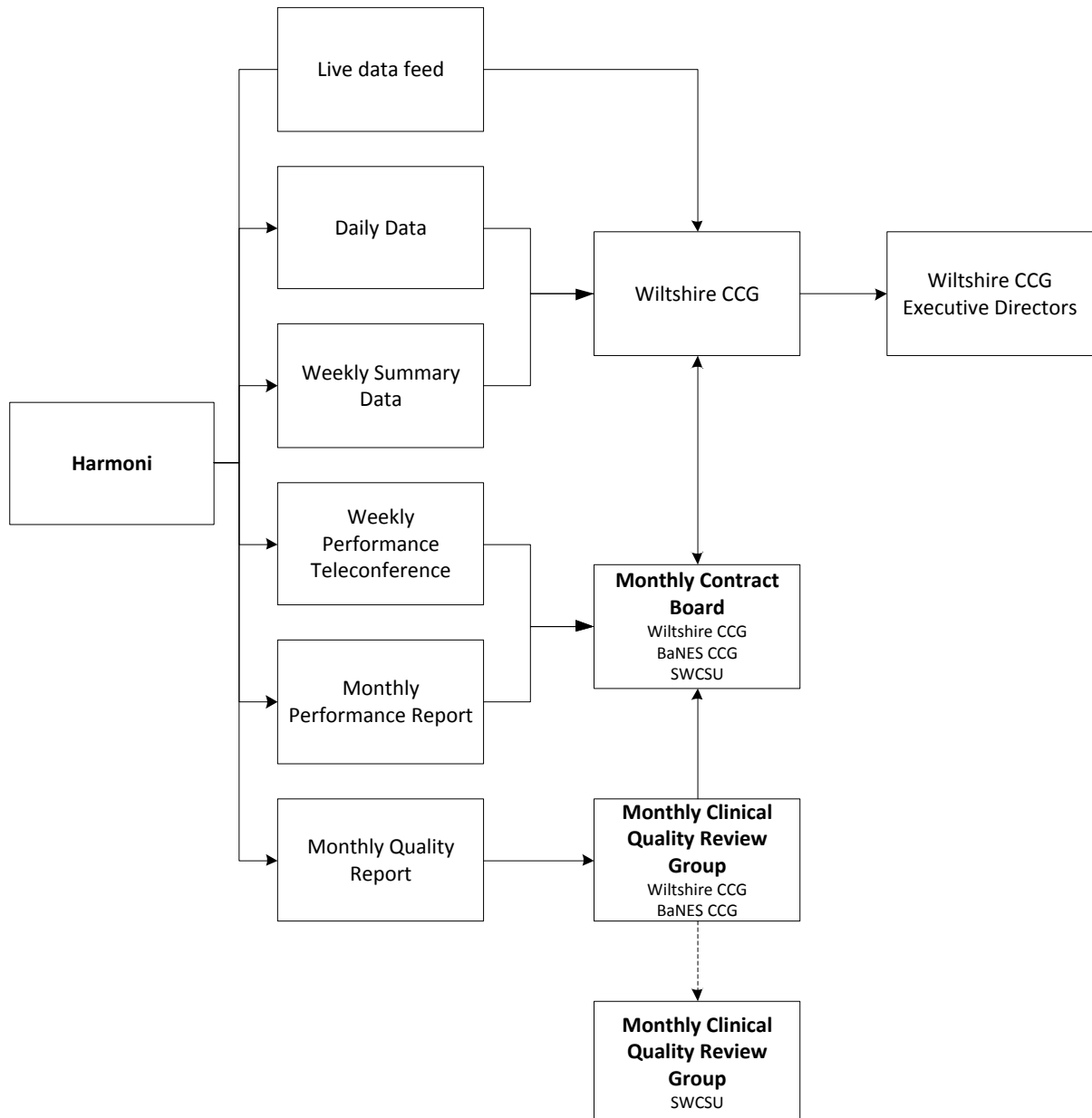
In tandem to this, a Clinical Quality Review group for Wiltshire CCG and BaNES CCG meets with Harmoni to review quality concerns that may have arisen, and also take the lead on any clinical developments. The local GP who chairs this quality group is a co-opted member to the contract board to ensure quality issues are visible to the contract and performance discussions.

In addition to monthly contract board meetings with Harmoni, performance data around a number of matrices is received daily and a weekly performance dashboard is provided prior to a weekly performance conference call.

In addition commissioners are able to access live 'real time' performance data showing the number of calls being received and or abandoned every hour. This is also linked to an automatic email alert, such that commissioners are notified if activity is indicating that performance breaches are likely.

It is expected that as we move through to 2014/15 that the management of the NHS 111 contract will fall into line with regular contract monitoring and revert to quarterly reporting, other than by exception.

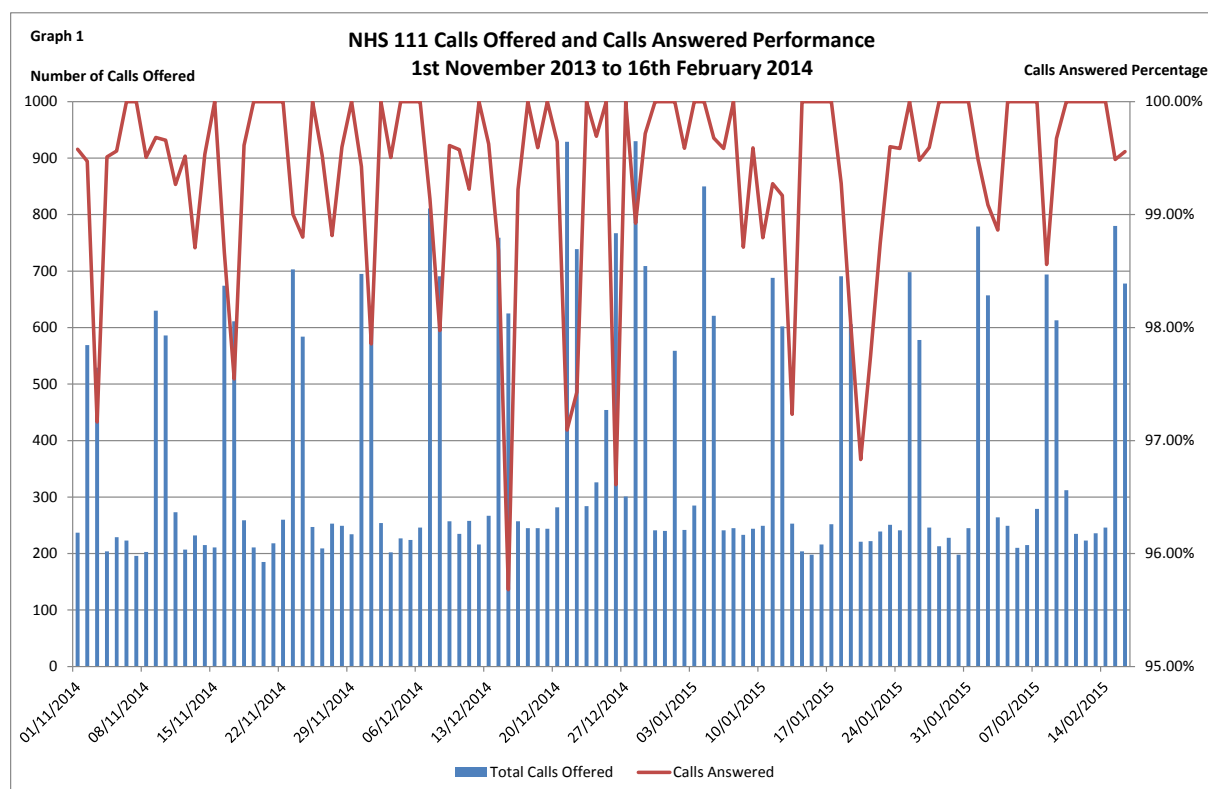
Reporting and Governance Process



3 PERFORMANCE

Following the period of rectification management and since the contract commencement in November 2013 performance by Harmoni across a number of domains has been variable. Whilst in many areas delivery has been acceptable often exceeding agreed thresholds, the CCG in conjunction with other CCG partners continue to be acutely aware that other areas of performance remain a challenge.

Call volumes for the period show a consistent pattern of around 250 calls on a weekday, increasing to around 650 calls on Saturday and Sunday, (Graph 1). It is also worth noting that calls spiked in excess of 900 for each Saturday preceding the Christmas and New Year public holidays. Whilst this call pattern has a degree of predictability, allowing Harmoni to ensure appropriate staffing volumes are in place to meet the demand, this weekend increase can impact on other NHS providers resulting in increased pressure within the overall health system. Graph 1 also shows that the percentage of calls answered is constantly high, performing often in excess of 99%, although there is a corresponding challenge in performance at times of high call volumes.

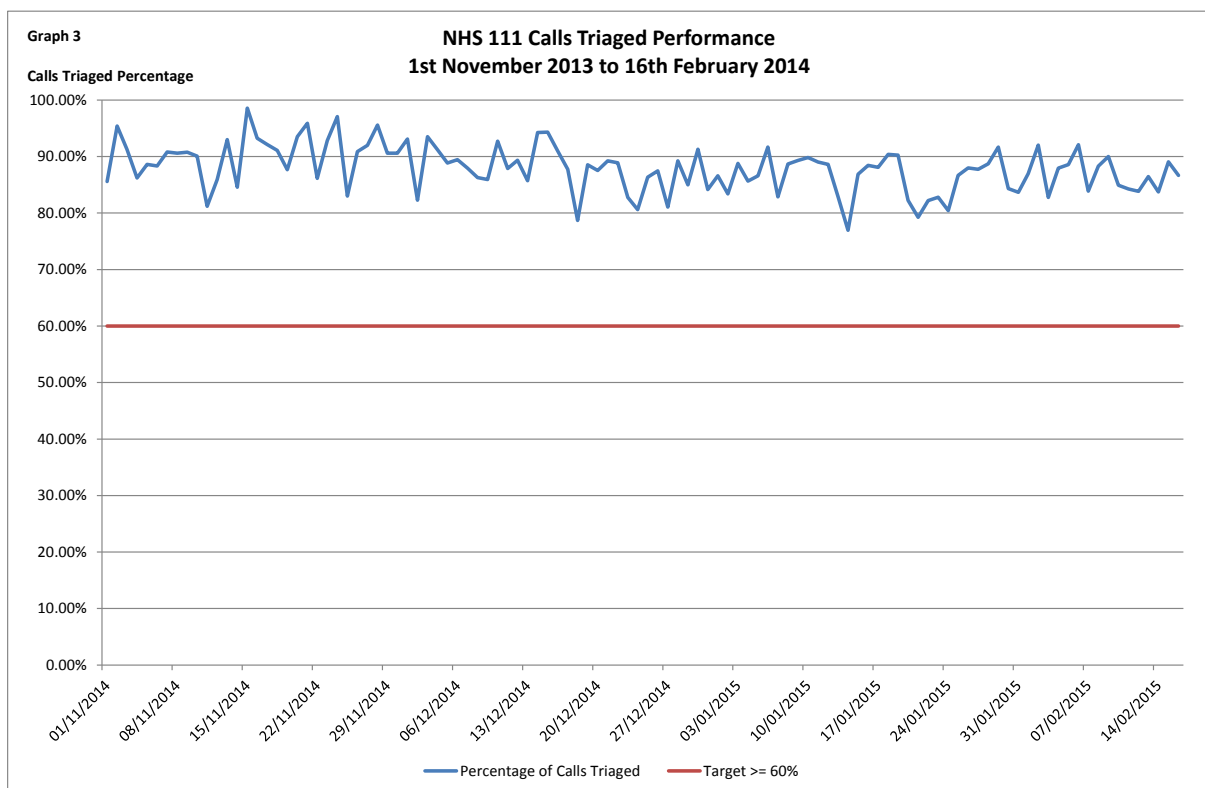
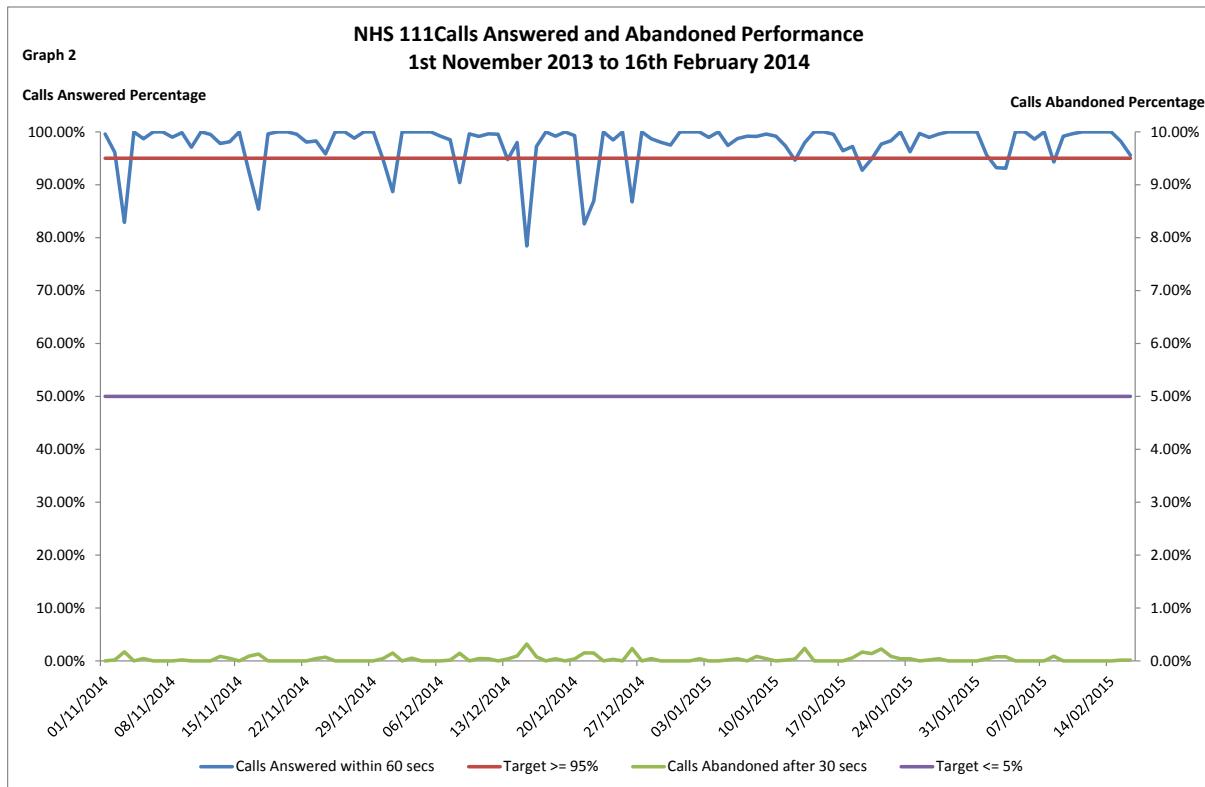


In addition to the call volumes being predictable, the call profile throughout the day follows a clear pattern, with weekday demand increasing in the early evening and weekend calls increasing in the morning to around midday.

It is recognised that performance linked to how quickly a call is answered not only links to how quickly the member of the public can receive appropriate treatment or advice, but also links to the quality of the patient experience on the whole service. As such the contract has a KPI where by 95% of calls have to be answered within 60 seconds. In addition to this response measurement, there is also a requirement to ensure that the rate of calls abandoned after 30 seconds does not exceed 5% of the call volume.

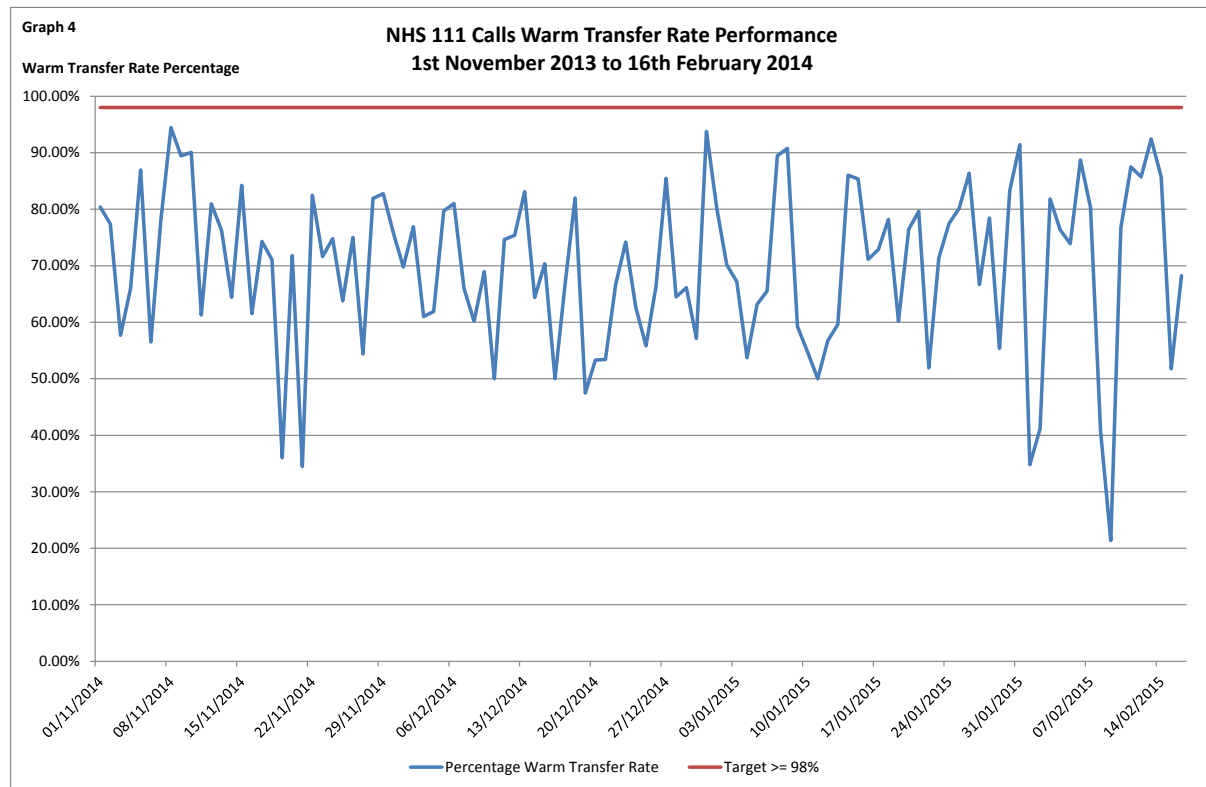
Graph 2 shows that for most of the period reviewed, Harmoni have exceeded the performance threshold of 95% for calls answered and also remained below the 5% threshold for calls abandoned

after 30 seconds. The performance breaches for call answering predominately relate to the days over the festive period.



Harmoni have a calls triaged rate¹ performance target of 60%, whereby they have to ensure that over a 24 hour period no less than 60% of calls answered are triaged to another service. To date, and for the period reviewed Harmoni have performed above the threshold required with data showing that the triage rate is consistently between 80 to 90 per cent. (Graph 3).

Although the provider is exceeding performance in this area, the CCG is working with Harmoni to address concerns around sustained performance in the warm transfer rate² within 30 seconds (Graph 4). The contractual target is 98%. This is an area being reviewed nationally, as the many of the providers across the country are finding this target challenging, and there may be some changes to the national specification for the NHS 111 service.



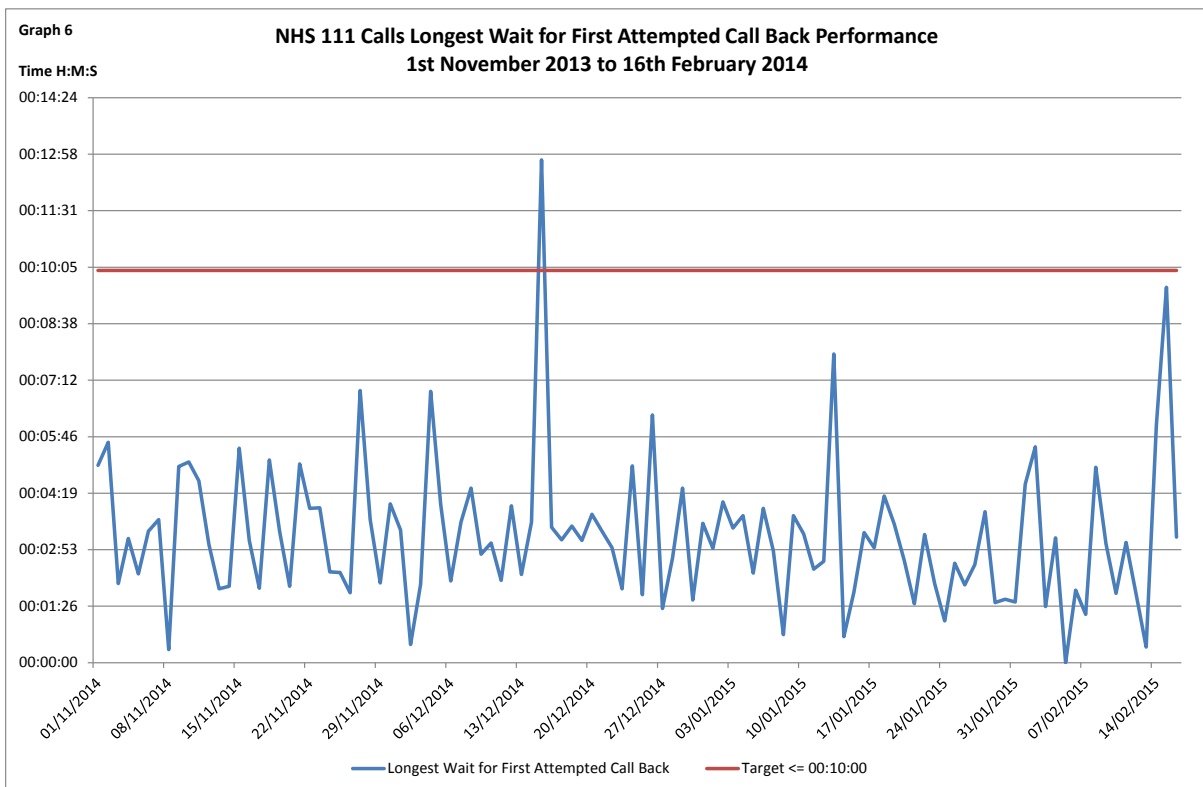
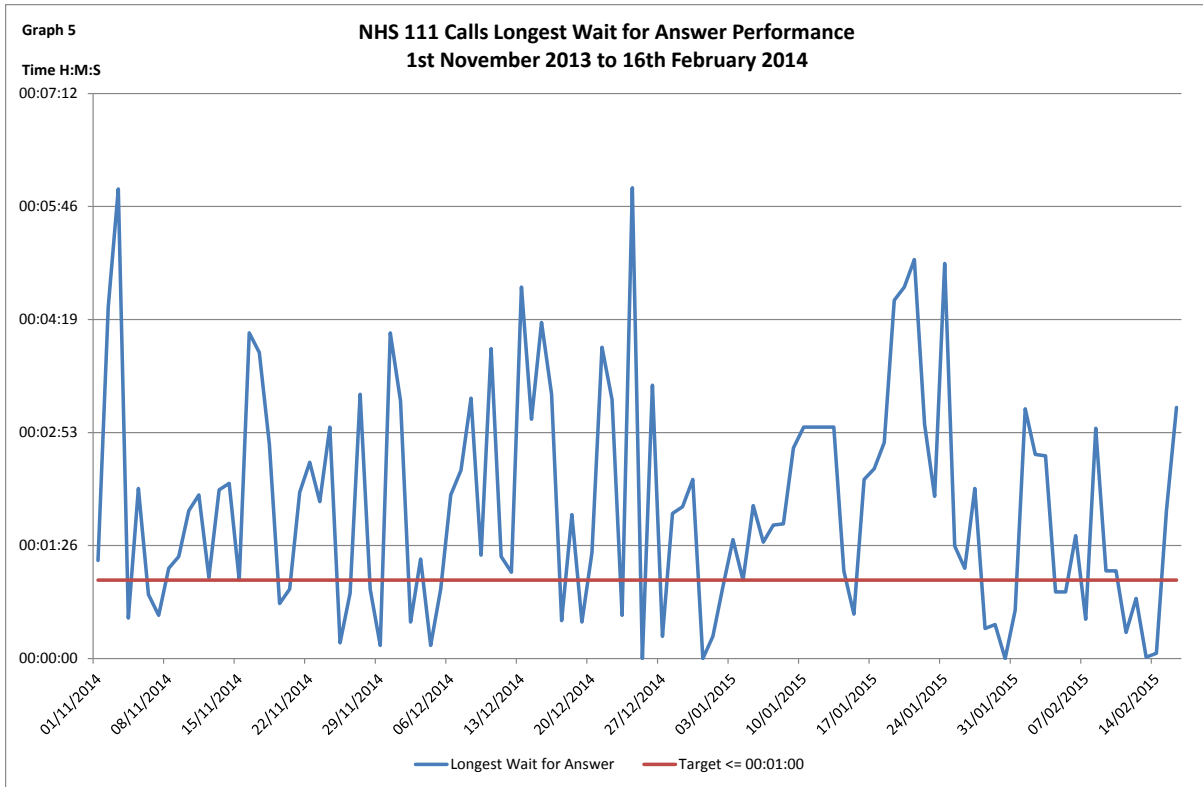
The CCG monitors the performance relating to specific transaction times. Specifically these relate to the time for a call to be answered by NHS 111, after any advisory message, and the time taken for Harmoni to return a call whereby a call advisor has requested that a clinical advisor speak to the caller.

It is expected that Harmoni should answer all calls within 1 minute; the CCG has undertaken a review of these performance matrices and have noted that the inability to meet this target relates to minimal calls within 24 hour period and the majority of calls are answered within limits very close to the 1 minute target (Graph 5).

The time taken to telephone back the caller is set at 10 minutes. With one exception, this target has been delivered throughout the period reviewed (Graph 6) it is likely that the breach was due to a last minute reduction in clinical advisor resources being available on that day.

¹ Triage is the process of prioritisation. When a caller contacts the NHS 111 service and is triaged as needing to receive services from another provider

² A telephone call that is transferred from one individual to another (usually a call advisor to a clinical advisor) while the caller is still on the line



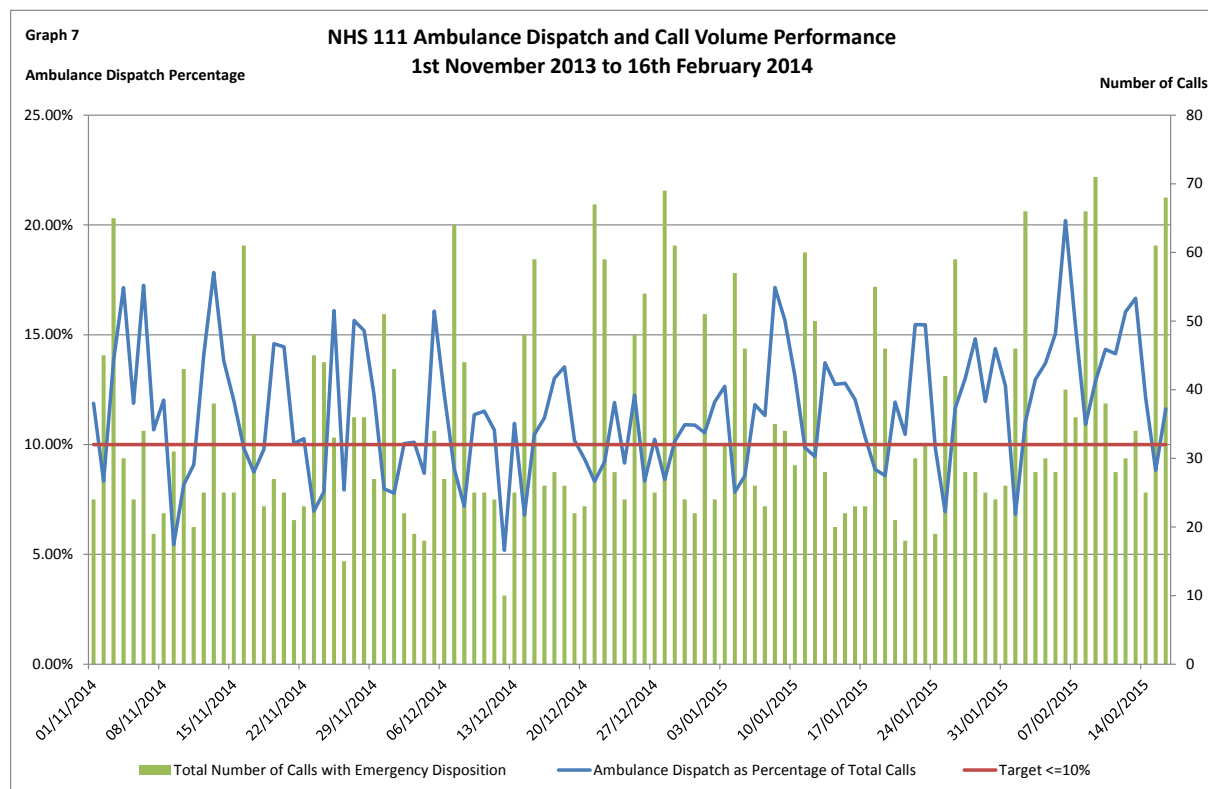
Healthcare today is very much focused on the ability of the health and social care system to respond appropriately to capacity and demand challenges, with an emphasis on collective responsibility across the whole system, rather than the historic model of a provider only being concerned around their own areas of performance. Locally, there have been commissioner and provider discussions

around the NHS 111 ambulance dispatch rate, where a call is put directly into the ambulance dispatch queue without re-triage.

The contract requires that the disposition rate of calls to the ambulance service for an emergency response is no more than 10%. The fact that this target is based on a percentage value in itself can cause the ambulance service capacity problems as the volume of calls will spike in line with calls received by the Harmoni call profile.

(Graph 7) shows the ambulance dispatch performance over the last 3 months. Whilst not being a contractual performance measure, graph 7 also shows the corresponding call volumes for the same period. Whilst the obvious correlation between under performance and increased call volume is evident, there are also periods when Harmoni are achieving performance below the 10% requirement, but call volume is still spiking. It is this scenario that can present the ambulance service with challenges in managing the high emergency disposition volumes.

The Commissioners acknowledge that Harmoni is taking steps to address its performance on the numbers of calls transferred to ambulance services and they are being supported in this by the CCGs. In order to ensure on-going patient safety and quality of service, commissioners have asked Harmoni to demonstrate that their actions will contribute to the improvement of the ambulance dispatch rate.

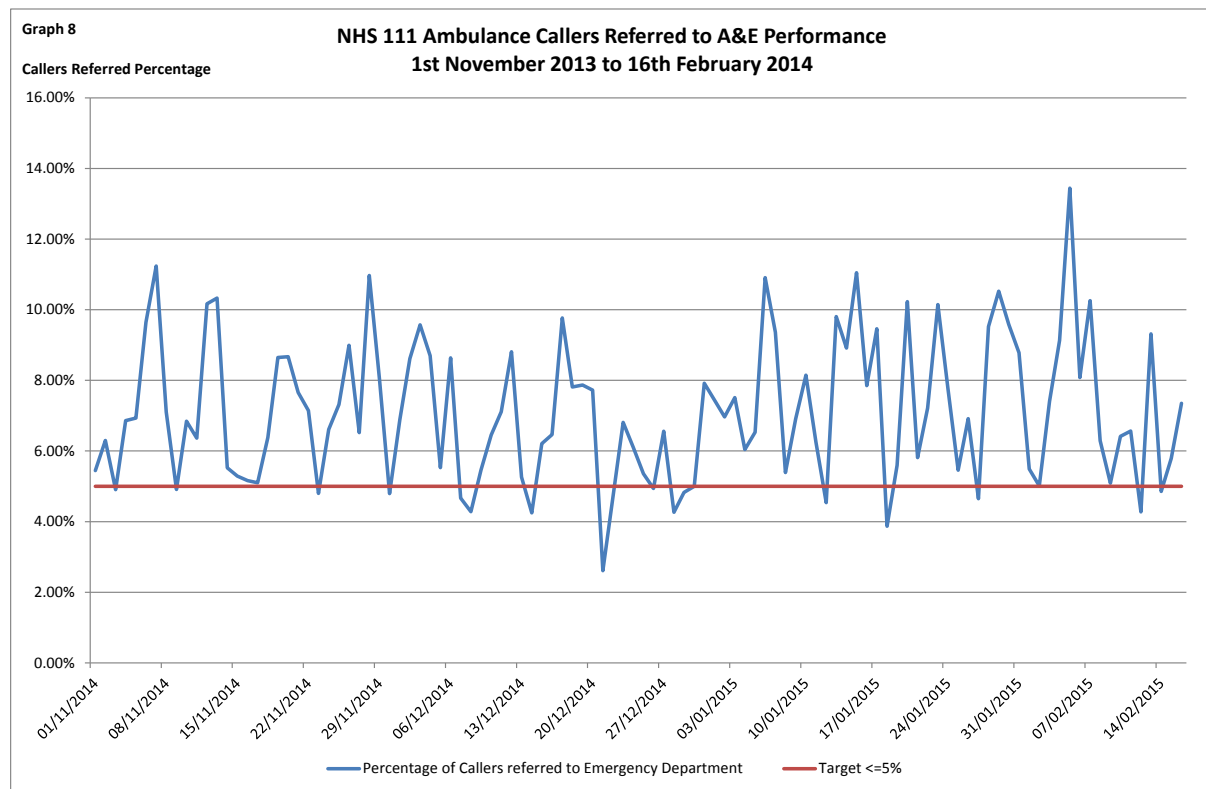


NHS 111 directs patients through algorithmic decision making software. Inherently it is risk adverse by design to ensure patient safety. There is a degree of local tailoring through a Directory of Service³ to signpost patients to the most suitable NHS service to meet their needs.

The underperformance (over referral rate) is clearly visible and it is likely to be either as a result of an increase in patient acuity, which is a position often reiterated by acute trusts when discussing

³ The Directory of Service is a data set within the software that details the availability of local services depending upon patient specific conditions.

their own A&E performance, or it may well be a symptom of a lack of alternative services being available.



The local Clinical Quality Review Group has undertaken a number of end to end audits, by listening to recorded NHS 111 calls to ensure that appropriate signposting is taking place and that patients are not referred to Accident and Emergency unnecessarily. The CCG in collaboration with neighbouring CCG's have invested in improved reporting so that we will be able to interrogate the Directory of Service, highlighting when a patient could have accessed an alternative service had it been available. Understanding this data will allow the CCG to be aware of levels of demand and may influence where services could be either redesigned or developed.

4 CONCLUSION

The performance of the NHS 111 service for Wiltshire has made significant progress since the launch a year ago; albeit there are a number of areas which are still challenging. Nationally the service specification is under review, and we are mindful that there may be changes which would have to be implemented. When NHS 111 services were benchmarked nationally over the Christmas and New Year period, the local service deliver stood up very well in comparison to other NHS 111 providers.

We are working closely with Harmoni in supporting a number of pilot programmes to explore ways in which performance can be improved. These include the ability for them to network calls across their other call centres during times of increased activity, as well as reviewing the number of clinical advisors / call advisors on shift. Harmoni are also looking at the possibility of developing specialist clinical advisors in areas such as mental health, who would be able to make a much more informed decision around onward care.

We believe that there is a robust performance management and clinically led quality regime in place that is sighted on ensuring that a clinically safe and effective service is delivered in Wiltshire.