

**BRIEFING NOTE FOR WILTSHIRE HEALTH SELECT COMMITTEE MEETING 15<sup>TH</sup> JULY 2014**

**1 CONTEXT**

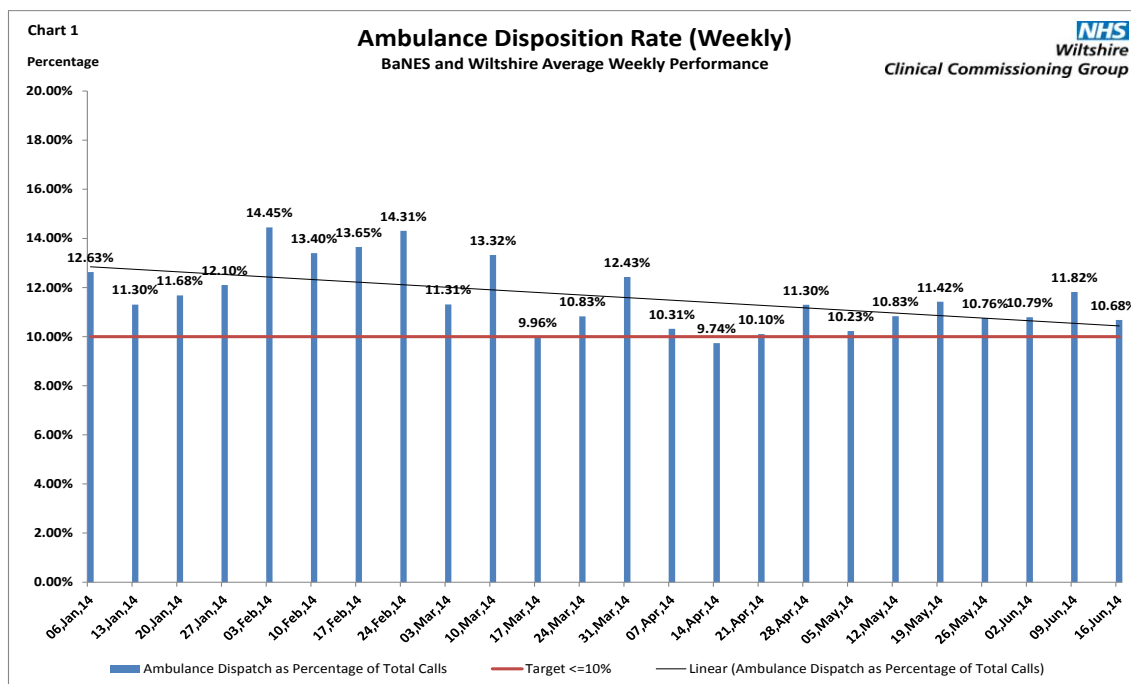
Further to the report presented to the Health Select Committee on 6<sup>th</sup> May 2014, this briefing note provides the Committee members with a position update on aspects of local performance of NHS 111, provided by Care UK Limited.

Members will be aware that the prime areas of concern for the CCG for current performance continue to be around;

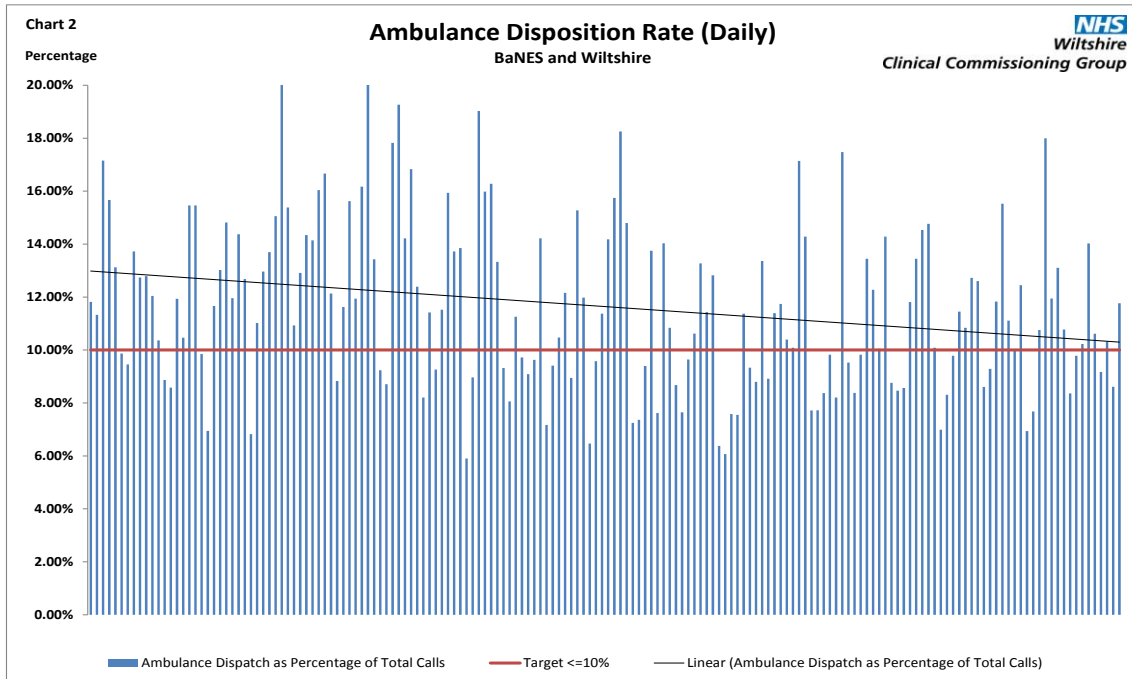
- Ambulance Disposition Rate (ADR)
- ED referral rate (EDRR)
- Warm Transfer Rate (WTR)

**2 LOCAL PERFORMANCE**

Members will be aware that within the contract a number of performance measures potentially impact upon other NHS providers. The Ambulance Disposition Rate (ADR)<sup>1</sup> for January 2014 to June 2014 shows that although still slightly above the target threshold of less than 10%, fewer calls, as a percentage<sup>1</sup> are resulting in an ambulance being requested. Although, as previously noted there remains spikes in disposition activity at weekends. (Charts 1&2)

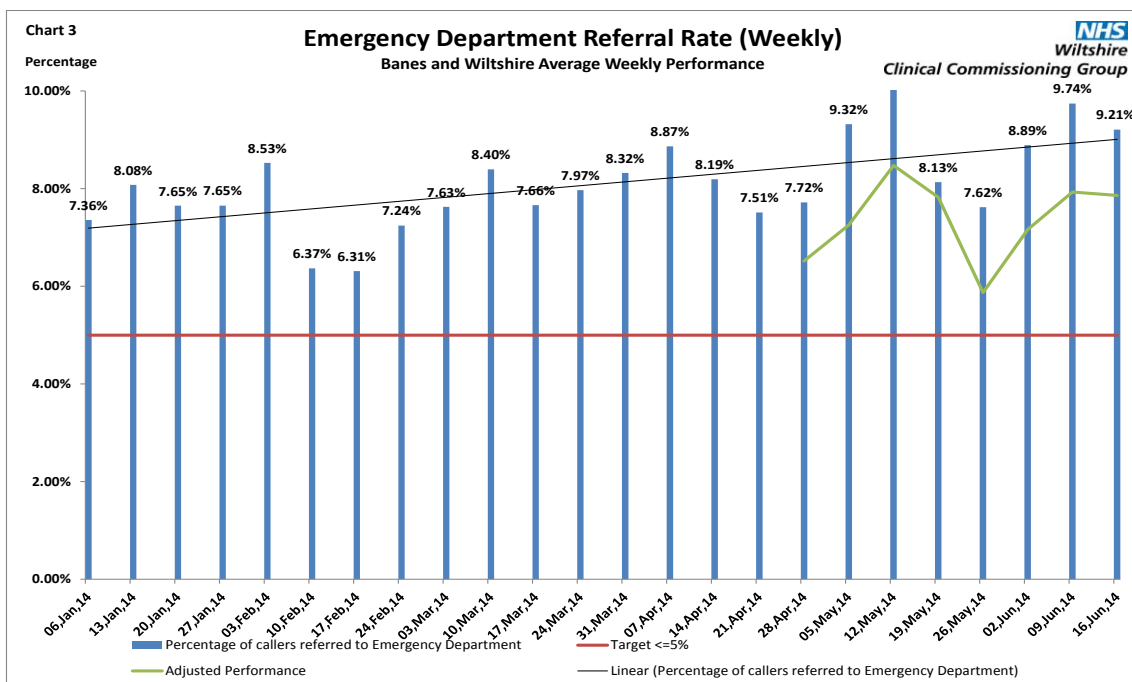


<sup>1</sup> The rate at which NHS 111 calls result in an ambulance response being requested



The CCG continues to facilitate joint working between Care UK and South Western Ambulance NHS Foundation Trust to ensure that shared learning is taking place and regular audits are in place to review the appropriateness of referrals from NHS 111.

The Emergency Department Referral Rate (EDRR)<sup>2</sup> has, disappointingly, not met the performance target of less than 5%, see Chart 3.



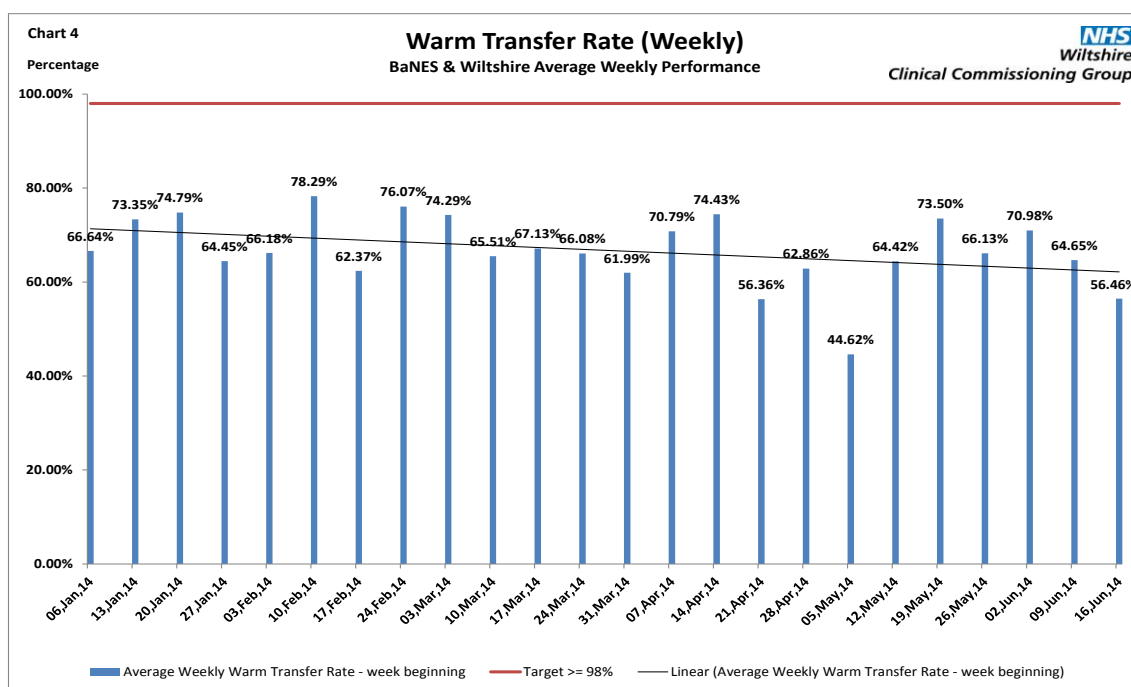
<sup>2</sup> The percentage of calls that result in the patient being referred onto their local emergency department for follow on treatment

From the end of April Care UK have been able to provide an adjust picture based on extracting persons who have been referred to a Minor Injuries Unit or Urgent Care Centre when clinically appropriate and when these facilities are available.

The CCG, within the overall monitoring of the wider urgent care system has been aware that throughout the presented data period both primary and secondary care have seen a marked rise in non-elective admissions and it is suggested that this increase in patient acuity is likely to impacting upon the Care UK EDRR performance.

Warm Transfer Rate (WTR)<sup>3</sup> continues to be below performance. This is predominantly as a consequence of impact Care UK's staff consultation required to realign shift patterns to call profiles. This resulted in a high degree of staff attrition and although a major recruitment programme is underway it is unlikely that clinical staffing numbers will improve until August / September. Until the reduced number of Clinical Advisors can potentially result in none being available to take a referral from a health Advisor, which may then result in that Health Advisor advising the caller to attend an Emergency Department based on the Pathways disposition.

In June 2014, Care UK will upgraded to NHS Pathways version 8 which is likely to improve disposition outcomes across a number of domains that will result in more appropriate routing of patients.



This challenge is shown in Chart 5 and 6, supplied by Care UK as part of the normal contracting monitoring process. These show the days when the rota gaps occur and performance is likely to be stretched.

During these periods Care UK has the ability to automatically switch calls, based on demand, to other Care UK NHS 111 centres in order to mitigate against performance dips.

<sup>3</sup> 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

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Chart 5 - Expected hours required V the number of actual Health Advisor hours on rota May 2014

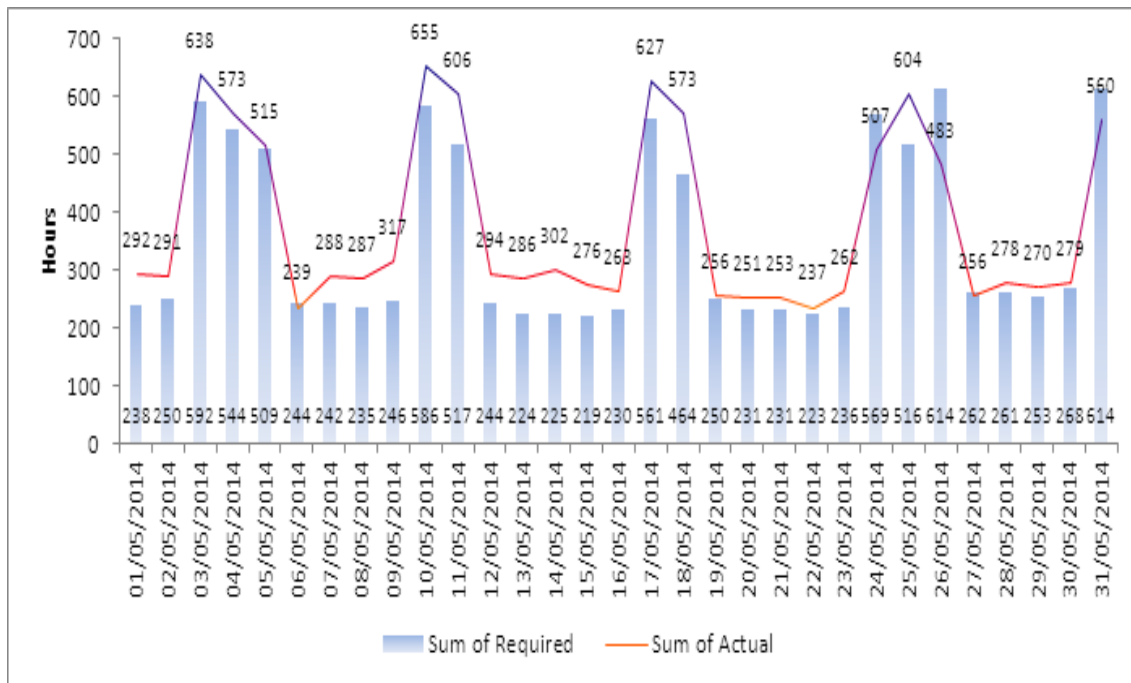
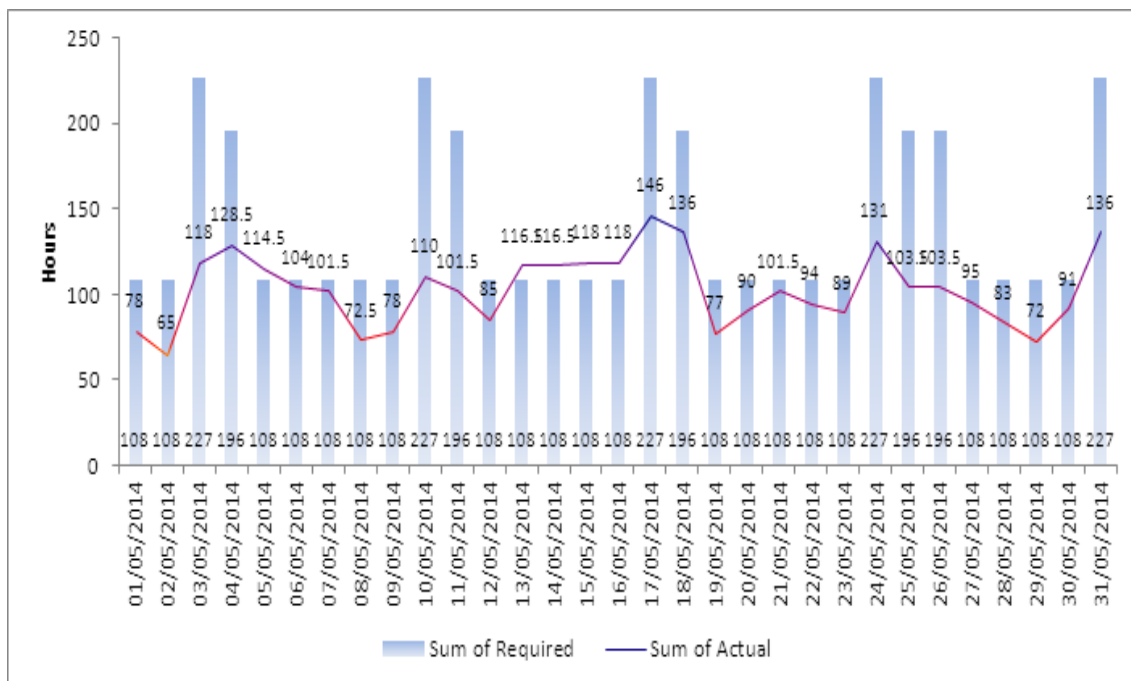


Chart 6 - Expected hours required V the number of actual Clinical Advisor hours on rota



Care UK is now undertaking a monthly patient experience survey, using a random 5% sample of service users. The return rate for May was 31.60%, a slight increase from the previous month. Of

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these 55.3% of respondents indicated that they would be extremely likely to recommend NHS 111 to a friend or family member (up 5.3% from April's figure).

### **3 NEXT STEPS**

Wiltshire CCG is continuing to work closely with co-commissioners and NHS England to monitor this contract. We are working with Care UK to review progress against the recovery plans tabled and expect performance to improve once staffing levels have improved.

From May 2014 the contract now allows the CCG to implement financial penalties for non-delivery against a number of key performance indicators, and in conjunction with neighbouring CCG's with whom we work collectively in relation to the contract management we fully intend to exploit this aspect, whilst continuing to support Care UK improvement plans.

### **4 CONCLUSION**

Local performance and lack of progress within a number of areas is likely to be linked to both local recruitment challenges for Care UK within a very buoyant local market for clinical staff within the North Bristol area and an unseasonal increase in patient acuity. Whilst not reducing the seriousness of these performance gaps, it needs to be viewed within the overall context of the wider health system, where the majority of providers are experiencing demand pressures and it should be noted that the Care UK Bristol centre now deals with well in excess of 50,000 calls per month, the majority of which are appropriately managed.

Patrick Mulcahy  
Associate Director of Commissioning  
Date 1<sup>st</sup> July 2014

