



when it's less
urgent than 999

111 2013

LAS NHS 111 Beckenham QUALITY REPORT

✓ Quarter 3 2013-14 (December only)

Overview

The London Ambulance Service formally stepped in to provide the 111 service to South East London on 19th November 2013. The service was previously managed by NHS Direct. The call centre is based in a managed office site in Beckenham and takes all 111 calls in the Boroughs of Bromley, Bexley and Greenwich (BBG) and approximately 30% of calls originating in Lambeth, Southwark and Lewisham (LSL). The service is commissioned by South East London (SEL) and overseen by Dr. Patrick Harborow as clinical lead. The LAS has an internal clinical lead (Dr. Fenella Wrigley).

NHS 111 was introduced to make it easier for public to access urgent healthcare services. The free to call 111 number is available 24 hours a day, 7 days a week, 365 days a year to respond to people's healthcare needs when:

- they need medical help fast, but it's not a 999 emergency
- they do not know who to call for medical help
- they do not have a GP to call
- they need to go to A&E or another NHS urgent care service or require health information or reassurance about what to do next.

Calls are answered by highly trained advisers, supported by experienced clinicians, who assess the callers needs and determine the most appropriate course of action, including:

- Self care for callers who can care for themselves when the correct information, advice and reassurance is provided
- Referral to a service that has the appropriate skills and resources to meet their needs
- An ambulance dispatched without delay when the caller faces an emergency
- Signposting callers to an alternative service when they require services outside the scope of NHS 111

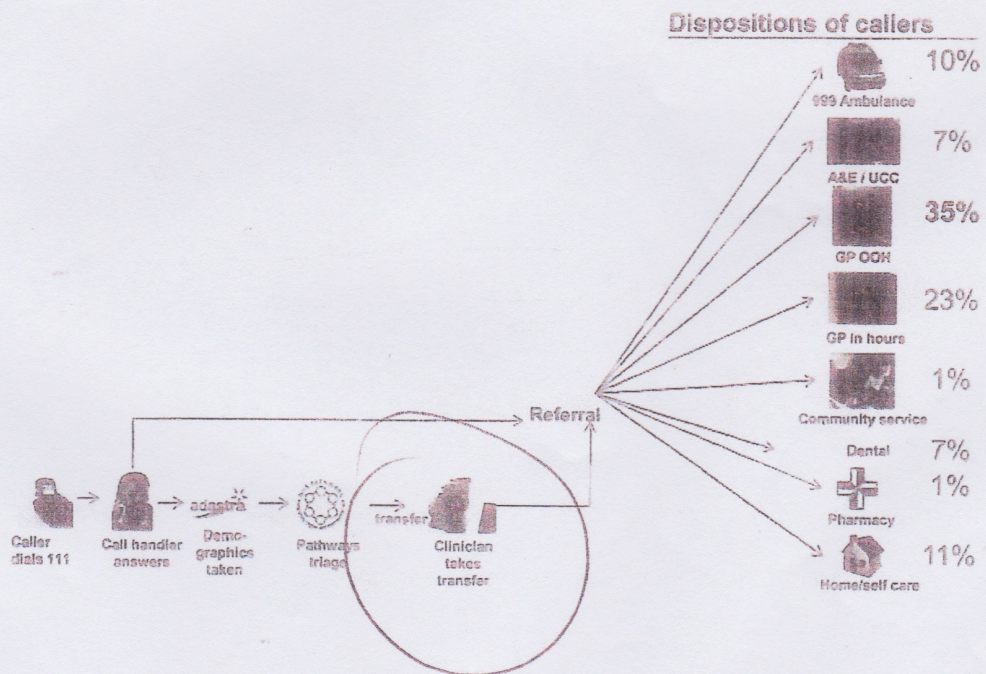
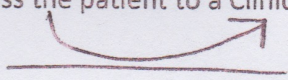


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The NHS 111 service also provides management information to commissioners regarding the demand for and usage of services in order to enable the commissioning of more effective and productive services that are designed to meet people's needs.

The call taking process

Calls to 111 are answered by Call Handlers (CH) (non-clinical). The CH takes patient demographics on Adastra (similar to Command Point). Adastra generates a case number for the event. The CH then assesses the patient using NHS Pathways (similar to MPDS) and reaches a patient disposition such as speak to /see GP, ambulance dispatch, self care at home or pass call to clinician. There are numerous dispositions. The patient destination options are generated by the Directory of Services (DoS) which is populated by the services providing the care and the patient is given the relevant choices. During the call the CH has the ability to pass the patient to a Clinical Advisor (CA) for further advice.





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An LAS management team was put in place to support the staff and managers that were continuing to work within the 111 centre under TUPE arrangements (see Appendix)

Call Performance

Total number of calls

26,157

NHS Direct reported that they were taking 18,000 calls. The LAS originally predicted between 21,000 and 22,000 which included 15% winter uplift. Immediately upon step in demand increased drastically and we were seeing a large uplift daily ranging from 40% to 60% inclusive of the previously predicted winter uplift. During the initial couple of days this was due to a routing issue. The projected figures were immediately revised with Deloitte. The demand has since settled and is around 32% inclusive of the winter uplift.

Calls answered within 60 seconds Commissioned for 95%	25,350 (98%)
Total number of abandoned calls Target of <5%	76 (0.29%)
Total % calls referred to a Clinical Advisor No formal target	27% NHSD were previously circa 35% although this was starting to fall – the decrease could be accounted for by new staff getting competent and confident with the system month on month – Commissioners feel the target could be in the low twenties.
Percentage of call backs for triaged calls	2% Under NHSD this was as high as 25% at times due to lack of clinician availability – our excellent figure ultimately means a better experience for patients as the majority speak to a clinician immediately.



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Percentage of call backs within 10 minutes Target 98%	81% This figure is one of the highest nationally. The average call back time was 5.44 minutes and the longest call back was 18 minutes for December.
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Percentage of calls directed to 999 for ambulance dispatch	9% This is low when compared across London and is within tolerable levels. We have undertaken an End to End review of 999 calls resulting in non-conveyance and have taken some learning points from it. The SEL clinical lead feels it could be lower with GP intervention and we are currently doing some work around this.
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Percentage of LAS dispatches that were conveyed	78% There is no formal target for this but we undertake work to keep it as high as possible. To understand the issue we look at sample calls if the figure is particularly low on a given day and we also used the end to end call audit in December to look LAS non conveyance once we had referred to LAS 999.
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Staffing / vacancies

Call Handlers	59 in post WTE – forecasted requirement is 57
Clinician	11 in post WTE – forecasted requirement 42, however during peak times in December we only used up to 28 agency staff and delivered the required performance.
Agency staff	Currently use 3 agencies: Hayes –long established relationship with 111 Merco and Hallam Medical –new agencies since step in Risks associated with the governance arrangements of agency use are currently being reviewed and a policy written. Recruitment will take away the need for using some agency staff but it is expected we will not be removing this facility totally.