

NHS 111 Report Follow up with Somerset CCG

The following considerations were highlighted as part of the report.

Healthwatch Comment

People are frustrated about the assessment questions. They find them irrelevant, lengthy and repetitive. There appears to be a lack of understanding about their relevance and importance. Therefore, Healthwatch Somerset would suggest better communication with the public about the service, how it works and why these questions are necessary.

Somerset CCG Response

We understand that some people may find the assessment questions frustrating. These questions are set nationally to make sure that the service provided is safe and that the right questions are asked at the right time. All call handlers are audited on their compliance with the approved script and, therefore, do not have the option to deviate from this.

We understand that this does frustrate some people, however, it is necessary for the safe delivery of clinical care and to make sure that the advice given and/or referral made, best suits the assessed needs of the caller. Questions that the public may find irrelevant are often key to ruling out a variety of urgent conditions.

Healthwatch Comment

People talked to us about waiting long periods of time for a call back from a medical professional. Many told us about not knowing when they would receive a call. Some suggested that they could have been kept updated via a text message, email or an online app system. Where people were left too long, they often called 999 or went to A&E. Healthwatch Somerset would suggest better communication with people who are left waiting for a call back.

Somerset CCG Response

Since the Healthwatch Somerset report was published last year, the provider of NHS 111 in Somerset has changed.

From 25 February 2019 Devon Doctors has been contracted to provide the Integrated Urgent Care service in Somerset: elements of this service include NHS 111; GP Out of Hours; and a Clinical Assessment Service. Care UK has been subcontracted by Devon Doctors to provide the NHS 111 element of the service.

The latest NHS 111 figures we have available show that:

- The call abandonment rate in Somerset now well below the national average. This is the number of calls abandoned after 30 seconds by callers. (2.3% in April 2019 against a national average of 3.2%).
- 95.1% of calls are answered within 60 seconds. This makes us the second best organisation in the country for call rate answering.
- 34.7% of callers are called back within 10 minutes by a clinician. This is below the national average of 40.4% but well above the lowest rate in the country which is just 2.4%. We know this needs to improve and we are actively monitoring this.

Under our new contract, comfort calls should be undertaken when there is perceived to be a delay in the plan of care. This is to check whether the patient's condition has changed and to make sure they remain safe under their current plan of care.

As we move forward, the number of comfort calls made by the Integrated Urgent Care Service based on the patients that require them will be monitored and reported to us on a monthly basis so that we can be assured of the quality and safety of the service.

Over last winter we set up an alternative route for patients over the age of 75 or under the age of one. The service was created and went live within six weeks, ready for the start of winter at the beginning of December 2018.

The step-in service meant that anyone who called NHS 111 about a patient in one of these vulnerable age groups were fast tracked into a new clinical assessment service. This means that they got to speak to a clinician much more quickly than might otherwise be the case. During the first month of the service, over 90 per cent of calls were answered within 60 seconds. In addition, over 600 ambulance trips were saved as patients were directed to the most appropriate treatment options. The step-in service won the NHS Support Service Initiative of the Year in the Health Service Journal Value Awards 2019 in May.

Healthwatch Comment

People often referred to the 111 phone advisors as robotic because they were following a script. Whilst people are happy that the service exists, there was keenness that advisors be more willing to enter into a conversation about the issues and to be more flexible around the script. Additional staff training was mentioned on numerous occasions.

Somerset CCG Response

As we've already highlighted, we appreciate that the script the call handlers use can be frustrating for people. The script is used to direct a screening conversation which directly informs the call back the caller receives from the clinician and the advice or support received. This is vital to make sure that people receive a safe service and appropriate care and treatment.

Healthwatch Comment

Around 85 people that we spoke to were regular users of the service calling between 10 and 60 times in the last three years. Some of these were care home employees, but some were families with young children who called because it was their gateway to the health system. This could be because they are unaware of other options to them (i.e. GP surgery or pharmacist), or that those services are not meeting their needs. Healthwatch Somerset would suggest collecting further data from these frequent callers to identify why they were calling so often and to find out whether communicating the alternative options with them would help.

Somerset CCG Response

We have established a task and finish group to look at high intensity users (HIU), not just of the NHS 111 service but across the whole Somerset and emergency urgent care system. This includes our hospital and community providers, ambulance services, NHS 111, Public Health, Adult Social Care and the Police. While this group is still very much in its early stages, its aim is to identify and address the key issues for people who are high intensity users of services and share learning and best practice.

We know that some people who frequently access health services, including NHS 111 are presenting with a social care need or other support needs rather than a health need. We are working with NHS England's Right Care Team to gain learning from existing HIU schemes across the country as to how people who need social care or other support are guided to the support they need at the right time. The Task and Finish Group is currently at an exploratory stage of this work seeking to understand existing HIU work and support within services and to better understand the national Right Care benchmarking and the implications for Somerset.. This is important because we don't want to adopt a model of care that isn't right for our people.

As part of our planning for our winter communications we will be running an extended campaign across print, radio and digital media focusing on self-care, prevention and the options available to people when they need support. We will be developing a simple, easy to read infographic showing people their options and identifying the kind of illnesses/issues which can be treated by each service. We hope to have the infographic completed and in use by the end of the summer – it will be available on social media, on our website and also, we hope, available as a poster in GP surgeries, libraries and other public buildings. We will also be using targeted social media advertising for the first time to improve the reach of our messages.

Healthwatch Comment

Health care professionals, particularly care home staff, asked for a different phone number that they could use to bypass the assessment questions and to get access to other services. An example given was a member of care home staff being taken through the assessment questions when they needed to verify the death of a resident. They felt that given their professional knowledge, being taken through all questions was a waste of time.

Somerset CCG Response

Since the change in the contract in February 2019, we have introduced a single point of access as part of our clinical assessment service for care home staff and paramedics. This is a direct access line into the clinical assessment service which is provided to staff working in these fields.

Our provider is currently undertaking a postcode analysis to make sure that this service is being accessed equitably by care homes across the county. Once the findings are known, we will then undertake targeted messaging to those identified care homes who have not been taking advantage of this new service.

The response issued by Somerset CCG at the time of the report:

Somerset Clinical Commissioning Group (the CCG) welcomes this detailed and insightful patient survey regarding the NHS 111 service within Somerset. The CCG are pleased that 90% of patients felt that they were treated with compassion, dignity, respect and that 70.23% of patients felt that the service was either 'very good' or 'good'. The newly commissioned Integrated Urgent Care (IUC) service, due to go live in February 2019, encompasses NHS 111 and intends to address a number of frustrations highlighted within the survey; namely quicker call backs for patients, immediate access to a clinician (for some patient groups), better access to advice for health professionals (particularly Care Homes) and a reduction in the numbers of patients being advised to present to Emergency Services following a clinical assessment (i.e. A&E or 999). Once the IUC is established there will be regular provider led meetings aiming to review frequent callers across services for whom other services could be more appropriate. This will be followed up with a care or advice plan in order to support patients when making their choice to contact the service. The CCG would like to see further investigation in to the outcomes of the 10% who did not feel that they were treated with compassion, dignity, respect. In addition, the CCG would like to understand more about the patients, a total of 21%, who felt that the service was 'bad', 'very bad' or 'variable'. The CCG intends to work closely with Healthwatch on understanding more details regarding these specific cohorts of patients. The CCG will look to provide a better level of communications to patients, to highlight the purpose of NHS 111 and what happens when they call and why. The CCG intends to work with the Health and Wellbeing Board and Healthwatch to ensure that communications are clear and informative to patients. Going forwards, the CCG would welcome a further survey once the new IUC service has been implemented, fully established and embedded (12 months from implementation).