

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 8 January 2013  
**REPORTING OFFICER:** Strategic Director - Communities  
**PORTFOLIO:** Health and Adults  
**SUBJECT:** NHS 111 – Cheshire and Merseyside  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update members of the Board regarding the national initiative, NHS 111 and its local implementation.

2.0 **RECOMMENDATION**

**RECOMMENDED: That the Board Note the contents of the report and progress made to date on local implementation.**

3.0 **SUPPORTING INFORMATION**

**Background to the Development of NHS 111**

3.1 Research has made clear for some time that the public find it difficult to access NHS services when they develop unplanned/unexpected healthcare needs. Changes in the way services are delivered, in particular the introduction of new services like NHS walk in centres, have added to the complexity of the urgent care system. NHS reviews have also found that patients want better information and more help to understand how to access the best care; especially urgent care.

3.2 The Department of Health began work in 2008 to look at introducing a single number to access NHS urgent healthcare services. This work includes research with the public that found there was overwhelming support for such a service, in particular with a 999 style memorable number.

3.3 The Government stated its commitment to the National rollout of the new NHS 111 service as part of an integrated 24/7 system. The Government's longstanding view is to *'develop 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 healthcare'*.

**How the System will work:**

3.4 The service will be accessed via a memorable number 111, it will be free to landlines and mobiles; 24 hours a day, 365 days a year to respond to people's health care needs when:

- They need medical help fast, but it's not a 999 emergency;
- They don't know who to call for medical help or do not have a GP;
- They think they need to attend Accident and Emergency or another urgent NHS service; or
- They require health information or reassurance.

3.5 Callers to NHS 111 will be put through to a team of highly trained call advisors, who are supported by nurses and paramedics. They will use a clinical assessment system and ask questions to assess the caller's needs and determine the most appropriate course of action, including:

- Callers facing an emergency will have an ambulance dispatched to them without delay;
- Callers who can care for themselves will have information, advice and reassurance provided;
- Callers requiring further care are signposted to the most appropriate service; and
- Callers providing details of services outside the NHS will be provided with details of an alternative service.

Eventually the service will be professional facing which will assist agencies in identifying services within their local area.

3.6 Each Clinical Commissioning Group (CCG) is responsible for ensuring that all relevant services are uploaded onto the Directory of Services (electronic database) and internally verified by the service provider and clinicians.

3.7 NHS Direct were awarded the NHS 111 contract in October 2012.

Key deadlines included/include:

- Local Services uploaded onto the Directory of Services - end of November 2012;
- Pilot run from end of November 12 to 20<sup>th</sup> March 2013;
- Department of Health 'sign off' project between 11<sup>th</sup> and 12<sup>th</sup> February 2013;
- NHS 111 'Go live date' - 21<sup>st</sup> March 2013; and
- Local marketing campaign to be devised during January – March 2013, with a national marketing campaign being held in September 2013.

A comprehensive 'mobilisation' plan has been developed to ensure

the effective implementation of NHS 111 across Cheshire and Merseyside.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified at this stage.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Each CCG will be accountable for the contract, however the contract is primarily constructed around current PCT boundaries, therefore for Halton and St Helens the contract price is as follows :-

2013/14 - £480,349

2014/15 - £522,945

2015/16 - £544,243

In subsequent years the cost of the contractual arrangements does increase in order to provide a growth in trajectory in 111 calls.

The contractual arrangements between PCT/CCG and NHS 111 providers have penalties attached for missing agreed deadlines within the mobilisation plan; current penalty clauses are £10k per day.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

None identified.

##### 6.2 **Employment, Learning & Skills in Halton**

None identified.

##### 6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

##### 6.4 **A Safer Halton**

None identified.

##### 6.5 **Halton's Urban Renewal**

None identified.

#### 7.0 **RISK ANALYSIS**

7.1 A full risk assessment has been completed by NHS Merseyside. Currently NHS Merseyside are project managing the delivery of the Cheshire and Merseyside Mobilisation plan to ensure the effective implementation of NHS 111 locally.

#### 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.