

SUMMARY REPORT		ABM University Health Board			
Health Board		Date of Meeting: 30 th March 2017 Agenda item: 2 (ii)			
Report Title	Update on the 111 Pathfinder				
Prepared by	Dorothy Edwards, Assistant Programme Director – 111				
Approved and presented by	Alexandra Howells, Chief Operating Officer				
Purpose					
The purpose of the paper is to update the Board on the introduction of the 111 Pathfinder and to propose changes to the governance framework.				Decision	
				Approval	X
				Information	
				Other	
Corporate Objectives					
Healthier Communities	Excellent Patient Outcomes & Experiences	Sustainable & Accessible Services	Strong Partnerships	Fully Engaged & Skilled Workforce	Effective Governance
	X	X			X
Executive Summary					

The 111 Pathfinder launched on 4th October 2016. This new service integrated services provided by NHS Direct Wales (NHSDW) and GP Out of Hours Services (GPOOH). The aim of the service is to improve the delivery of urgent primary care by providing a single access point that will help patient and citizens to get urgent help when they need it, as well as improving access to health information and advice. It introduced a simple, memorable, 3 digit number that is free-to-call from both landlines and mobile telephones.

Up to end February 2017, the service has handled over 50,000 calls. The majority of calls are received during the out of hours period. Full end to end reporting (across 111 and GPOOH) is being progressed through the development of joint dashboards across WAST and ABMU. To date, there have been no serious/untoward incidents and only a very small number of low level issues raised by patients most of which have related to telephone access.

Comment from patients has been overwhelmingly positive. Since launch, there does not appear to have been a negative impact on attendance levels at ABMU Emergency Departments, and the Local Medical Committee have indicated that the launch has been handled well, and again, with no adverse impact on the delivery of in-hours general practice. The Clinical Support Hub appears to have made a positive contribution to the coordination and delivery of out of hospital unscheduled care. We need to build on this so that the transformational potential of 111 can be realised.

It is anticipated that the formal evaluation will be available in May 2017.

Key Recommendations

The Board are requested to:

- Note the successful launch of the 111 Pathfinder in the ABMU Health Board area
- Note that the Collaboration Agreement between ABMU Health Board and WAST is under revision to incorporate the planned roll out of the pathfinder into Carmarthenshire.

Next Steps

A detailed report on the first six months of the new service including performance against the quality standards will be collated for the Quality and Safety Committee as soon as the reporting issues have been resolved in April 2017.

MAIN REPORT		ABM University Health Board
Health Board		Date of Meeting: 30 th March 2017 Agenda item : 2 (ii)
Subject	Introduction of the 111 Pathfinder into ABMU Health Board	
Prepared by	Dorothy Edwards, Assistant Programme Director – 111	
Approved and Presented by	Alexandra Howells, Chief Operating Officer	

PURPOSE

The purpose of the paper is to provide an update on the introduction of the 111 Pathfinder into ABMU and to consider proposed changes to the governance framework.

BACKGROUND

The 111 Pathfinder launched on 4th October 2016. This new service integrated services provided by NHS Direct Wales (NHSDW) and GP Out of Hours Services (GPOOH). The aim of the service is to improve the delivery of urgent primary care by providing a single access point that will help patient and citizens to get urgent help when they need it, as well as improving access to health information and advice. It introduced a simple, memorable, 3 digit number that is free-to-call from both landlines and mobile telephones. The new service aligns with policy set out by Welsh Government, and was a key commitment within the new Primary Care Plan launched in 2014.

KEY ISSUES

Service Launch

The service launched successfully in October. Since then over 50,000 calls have been answered within the service (as at end February), and despite significant pressures over the Christmas period, it has continued to operate effectively. In terms of access, the service has met its performance target with less than 5% of calls abandoned in November, January and February. Performance in December was slightly above the target (6.03%) however given the significant call volumes over the bank holiday period, this remains a creditable position. Mean time to access the service is measured daily and in January this was 62 seconds and 67 seconds in February.

	October 2016	November 2016	December 2016	January 2017	February
Calls offered (Total demand)	6,839	11,637	15,333	14,052	11,846
Calls presented to queue for answer	6,344	10,635	14,116	12,867	10,887
Total calls answered	5,665	9,921	12,969	12,219	10,240
Abandonment rate (60 seconds after end of message)	6.5%	4.75%	6.01%	3.48%	4.08%

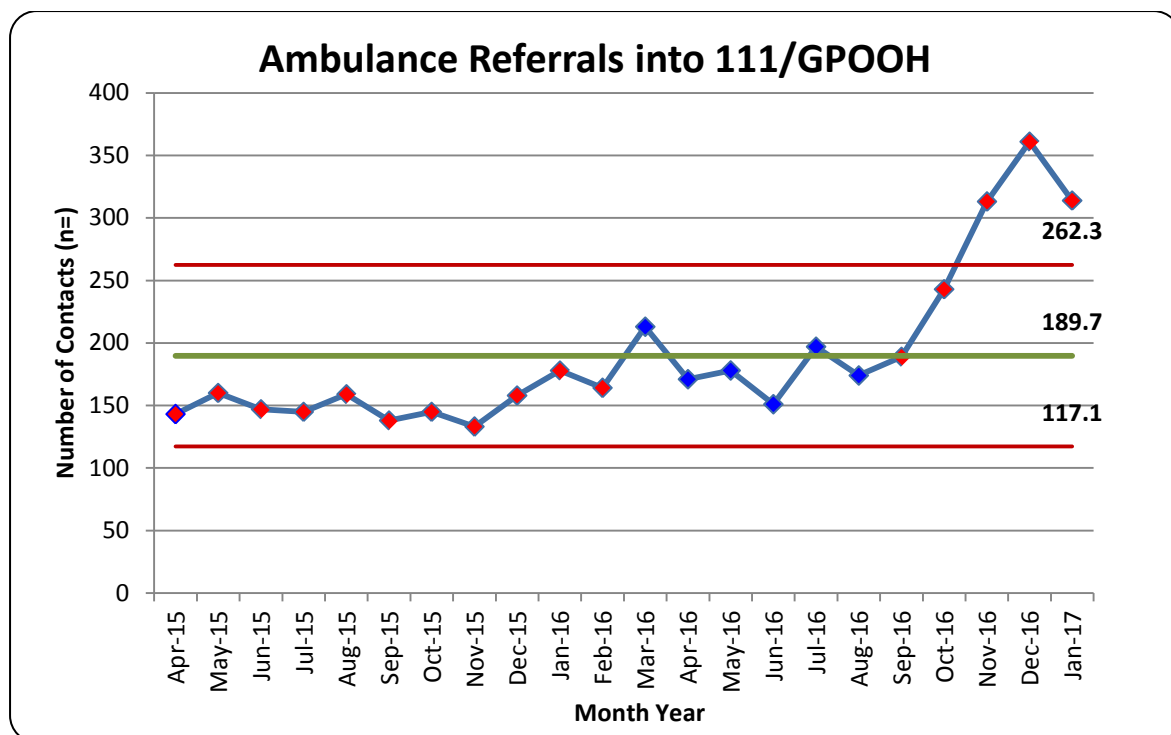
Following the busy Christmas/New Year period, the service is entering into a 'settling down' phase. Typical activity during the weekday is between 250 and 300 calls and across weekend periods between 700 and 850 calls per day.

There are a number of other areas within the integrated 111/GPOOH standards that are important in assessing whether the service is providing safe, timely care. ABMU is working closely with the Welsh Ambulance NHS Trust (WAST) to develop an integrated performance dashboard. Unfortunately, due to the complexities of the call flow model, and the technical bridge between the two IT systems, this has taken longer than anticipated. Data is now flowing between ABMU into the WAST data warehouse and Qlik have been commissioned to develop a series of dashboards. It is hoped that the initial phase of development work will be completed by end March/early April.

Patient feedback following the launch has been overwhelmingly positive. Facebook was used successfully with the support of the ABMU communications team to communicate with patients. There is a need for ongoing communications activity and a second phase of marketing materials will shortly be distributed.

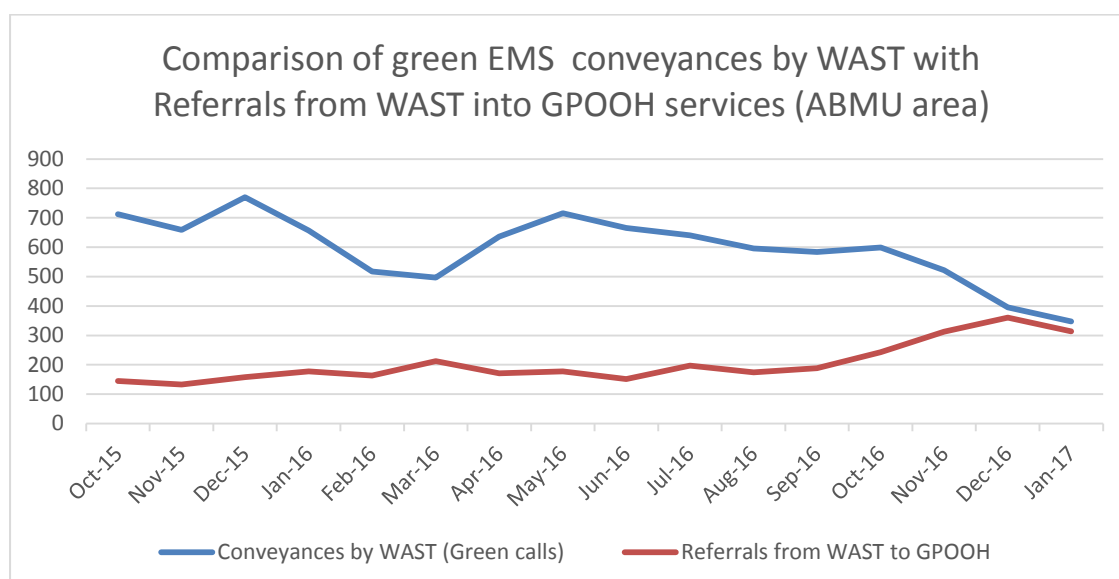
A patient survey has been conducted by our evaluation partner and the early results are encouraging with high satisfaction levels from patients who participated in the survey. The majority of patients accessed the service with one telephone call (86%) with a further 5% accessing in 2 calls.

A key element of the new service model is the development of the Clinical Support Hub. The hub was operational prior to the launch of the service and has a senior GP, as well as a pharmacist, available during the core GP out of hours period. The hub has a number of functions but critically its core role is to support the management of complex patients and to support the delivery of care in out of hospital settings. Since launch, it is encouraging that WAST staff (paramedics) are engaging positively and are using the hub to seek advice and support on the management of patients.

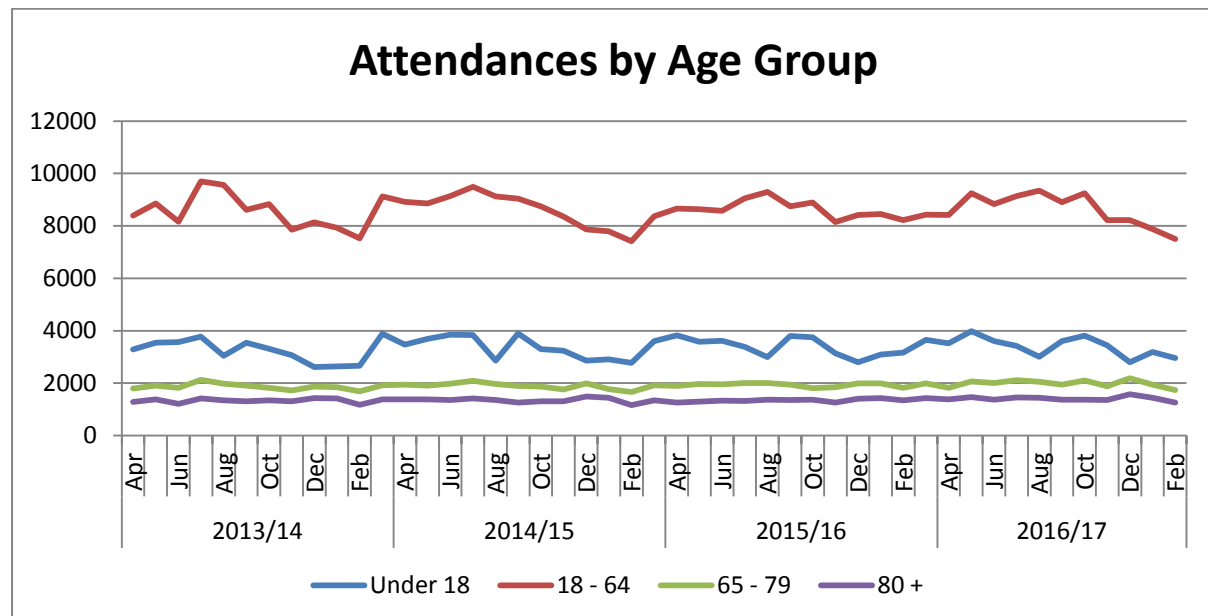


The following graph maps this against the number of green calls conveyed in the ABMU area over the same time period. In the absence of other significant changes, this suggests a clear correlation and that the hub is an effective mechanism for supporting out of hospital care.

An initial review of 916 calls from WAST into the GPOOH service (from October to December 2016), indicates that 88% of patients who were assessed through this route, following initial contact with the 999 service, remained in their own homes with no further contact with either the 999 service or an attendance at an Emergency Department within 48 hours of the initial call. The initial review also suggests scope for further improvement work in this area.



As part of the ongoing monitoring of the service, Emergency Department (ED) attendance patterns are reviewed monthly. The following graph presents ED attendances by age group for ABMU hospitals, and does not suggest any negative impact of introducing the 111 service into ABMU. Further work is needed to assess whether there is a positive correlation or whether activity remains within normal variation. .



Governance Arrangements

Board members will recall that a 'Collaboration Agreement' was agreed between ABMU and WAST setting out the respective roles and responsibilities of each organisation. This was signed by the respective Chief Executives in October 2016. The pathfinder will now be extended into the Carmarthenshire area. An agreement was reached between the respective Medical Directors that the Clinical Support Hub would service both ABMU and HD Health Board. This will allow the hub to operate at scale and to provide an environment where professionals will have support available. To accommodate this, staffing at the hub will be enhanced with an additional GP during the full 40 hours of operation, and an additional 20 hours of pharmacist time (weekend only). In view of the complexities around recruitment it was agreed that ABMU would act as the 'lead' for recruitment and rostering for both GPs and pharmacists within the hub. This agreement only extends to Hywel Dda University Health Board and any subsequent roll out of the 111 service into other areas, will require a new governance model and early discussions with the Board secretaries have been initiated on potential future models. The Collaboration Agreement has been updated to reflect the 3-way nature of the agreement and specifically roles and responsibilities have been reviewed. A new 3-way information sharing agreement is also close to finalisation.

The Collaboration Agreement proposed the establishment of two joint fora where WAST and ABMU would meet to review performance and information, and also

governance. The local implementation board has therefore been stood down and by April the new arrangements will be fully operational.

Evaluation

Board members will recall that as part of the national programme, the Implementation Board commissioned an external evaluation. The evaluation is being undertaken by PACEC (who recently completed the evaluation of the WAST Clinical Response Model) working in partnership with Sheffield University. As six months data is required to enable a thorough evaluation we are anticipating that an initial report will be available in mid-late May 2017.

KEY RISKS

Throughout the lifespan of the Programme the key risks have been mapped and included within a Programme risk register which incorporates national, local and organisational wide risks.

RECOMMENDATIONS

The Board are requested to:

- Note the successful launch of the 111 Pathfinder in the ABMU Health Board area
- Note that the Collaboration Agreement between ABMU Health Board and WAST is under revision to incorporate the planned roll out of the pathfinder into Carmarthenshire.