

Case Study: 111 Transition

NECS managed the transition of NHS North East 111 from the PCT to the CCGs. In doing so patient outcomes were improved and significant management savings were generated.



The challenge

The disconnected provision of regional services can result in costs and risks that could be avoided through appropriate consolidation of services. Until March 2013 the North East 111 programme was managed by Durham PCT with accountability transferring to CCGs in April 2013. During transition it became apparent that contract and governance arrangements were operating in parallel but outside existing frameworks for commissioned services. This resulted in duplication, risk and increased management costs.

The tasks

NECS and the CCGs identified opportunities to consolidate the service and reduce costs and NECS was tasked to:

- Centralise the contract management of 111.
- Establish improved clinical governance arrangements.
- Redesign the DoS to help reduce urgent care demand.
- Manage communications and engagement.
- Oversee the implementation of 111 across Tees and North of Tyne on behalf of CCG customers

The execution

Through its at scale service provision, NECS swiftly absorbed elements of the 111 service into existing SLAs with CCGs, including Provider Management, Commissioning Finance, Business Intelligence, Communications, Service Planning & Reform. Clinical Quality and management of the DoS required new service components to be developed.

NECS implemented a rigorous governance framework ensuring oversight and effective management of the service including:

- Monthly 111 provider contract management group
- Bi-monthly clinical quality review group
- Regional Governance Group that includes CCG clinical leads

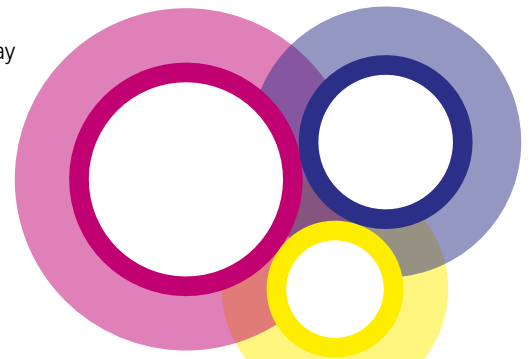
The latter has driven a number of service developments, the most successful being the implementation of special patient notes (SPN). This has improved palliative care patient outcomes as prior to this initiative a number of end of life pathway patients had been admitted to hospital as this information was not available to call handlers.

The results

At transition only a quarter of commissioned services were profiled on the DoS. NECS worked with providers and CCGs to develop an action plan to address this. Since October 2013 NECS has implemented 606 changes with a further 157 services under review. By ensuring the redesigned DoS linked to a broader range of community services the volume of callers directed to A&Es across the region from 111 has reduced. Patients are now sent to more appropriate settings, such as the Crisis Intervention Team, who have seen a 180% referral increase from 111 since the DoS was re-profiled.

NECS successfully embedded and mainstreamed contract management of the 111 service, exactly meeting CCGs requirements.

NECS demonstrated the value of operating services at scale by absorbing significant management costs and delivering a bespoke solution that created a £368k annual saving for our customers.



For further details of how our Major Transformation Team can help you please contact:
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