

Response to our consultation on our approach to regulating

NHS 111 services

June 2015

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can.

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Introduction

NHS 111 has been an important part of the urgent care system since it was introduced in 2014. It provides healthcare advice and information to people over the telephone.

In October 2014, we published our provider handbook for NHS GP practices and GP out-of-hours services, and we have recently consulted on our approach to inspecting ambulance services. This consultation built on the approach that we developed for those services and set out our approach to regulating and inspecting NHS 111 services.

We have listened and responded to what people have told us and we have piloted our approach. This document sets out our response.

Thank you to everyone who has taken the time and effort to respond to the consultation. As a result of your contributions we have developed our NHS 111 handbook and hope it is a helpful tool for providers of the service.

Section 1: Our consultation

Between 27 February 2015 and 24 April 2015 we engaged with the public and key stakeholders on our approach to inspecting NHS 111 services. We have now analysed the responses we received and, where necessary, amended our approach accordingly.

In the consultation, we explained how our new regulatory model assures patients and the public that they will receive the same standards of care across all services. We recognised the need to ensure that our inspection methods proportionately reflect the differences between different types of providers so that they do not experience a 'one size fits all' approach.

To achieve this, we have committed to align as many elements as possible of our new model for NHS 111 services with our model for other sectors, including hospitals, GP practices and GP out-of-hours services. It is important that we treat providers equally when they deliver similar types of services, but at the same time we must ensure that we tailor our approach to each sector and type of service where there are differences that we need to take into account.

We set out the aspects of our approach that we think should remain consistent across our inspections of NHS 111 services, irrespective of the type of provider providing the service. We sought views about whether we judged those correctly.

How we engaged and who we heard from

Responses came through a number of sources:

- 23 respondents replied to the consultation questions by completing the web form.
- Four stakeholders submitted written responses to some or all of the consultation questions.
- Four stakeholders submitted written responses as well as including responses to additional questions, not addressed by the web form.
- We obtained feedback from 12 providers of services during a CQC provider consultation event.

Additionally, we held a question and answer session on our online provider forum.

We also used our regular communications channels to promote the consultation, including:

- Newsletters to registered healthcare providers that provide NHS 111 services, the public, local Healthwatch and overview and scrutiny committees.
- Our online communities for providers and professionals (around 7,500 members) and the public (around 2,600 members).

- Our social media accounts.

We also engaged with the public through a piece of research, led by Research Works, into what people think good urgent care and NHS 111 services should look like.

How we analysed feedback from the consultation

We commissioned Quality Health, an external organisation, to support the consultation process. Quality Health has reviewed, analysed and reported on all the feedback collected from the consultation. We have published their full report on our website. This provides analysis of all responses received.

Section 2: What you told us and our response

Consultation question 1

Do you agree with our proposed approach for regulating NHS 111 services?

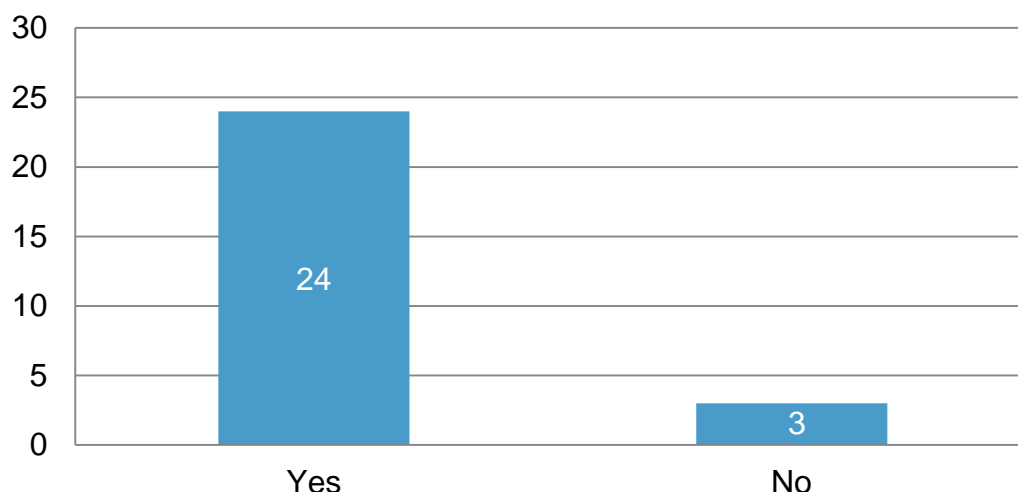
How do you suggest we gather people's views of NHS 111 services?

Are there other things we could take into account?

What you said

We received 30 responses to this question. The majority agreed with our approach to regulating services. Three responders neither agreed, nor disagreed.

Do you agree with our proposed approach for regulating NHS 111 services?



Further feedback suggested that we should also consider the logistics and appropriateness of speaking to a random sample of NHS 111 callers on the day of the inspection - around 10% are emergency calls and are directed to 999.

26 responses related to gathering people's views of NHS 111 services. The following suggestions were made:

- Use provider's social media and communication methods to ask for feedback.

- Review patient outcomes.
- Hold discussions with staff, stakeholders and service users.
- Use NHS 111 experts to gather and interpret feedback.
- Implement a 'secret shopper' approach.
- Include a question on healthcare provider forms.
- Review intelligence that is gathered through national surveys.
- Review complaints and comments on websites such as NHS Choices.
- Ask callers if they would like to be contacted by an inspector.

Further responses suggested that we should also take into account the following:

- Consider grouping the responses. For example, end of life care, medical assistance.
- Speak with employees of healthcare providers where people are referred to.
- Find out why people contact 111 to understand if expectations are being met.
- Ensure that the user is commenting on the NHS 111 experience and not their pathway through different care services.
- Be clear about who would be deemed to be an 'expert' inspector for 111 services.
- The current patient satisfaction data for 111 services tends to have low response rates and therefore should not be relied on by CQC as a main point of reference.
- If a local service is commissioned to provide a mental health crisis telephone line, it will be important that CQC checks that 111 is well joined up with it.
- Inspect that the appropriate level of care and compassion are being provided.
- Inspect the management of complaints and concerns.
- Inspect the appropriateness of diverts to emergency departments.
- The urgent and emergency care system may make it difficult for NHS 111 service providers to achieve outstanding or good ratings because collaborative working is not always within their gift.

Our response

NHS 111 services are provided over the phone and there are unlikely to be people who use services in the locations when we visit on our inspection. As such, we have piloted some approaches to gathering the views from people who use services. We will continue to adapt and develop these as we carry out inspections.

Many of the comments and suggestions reflect methods for gathering views proposed in our handbook. This includes reviews of survey data and website comments. We will use NHS 111 experts as part of our inspection teams and have clarified who we consider to be an expert.

We will continue to ask providers to use their existing communication channels to tell people who have used their services about the upcoming inspection and encourage them to share their experiences of the service with CQC, using our online 'share your experience' form.

We will promote our inspections and issue a call for people to share their experiences of the service with CQC to local Healthwatch, clinical commissioning groups, councils and community and voluntary groups. We will also ask these organisations and groups to use their own channels to promote the inspection to the local population served by the NHS 111 service. We will make use of local community and voluntary groups to ensure we promote the inspection to people who are hard to reach and vulnerable because of their circumstances.

We will make use of our social media communication channels to promote the inspection of NHS 111 services to the populations they serve by a call-to-action for people to tell us about their care through our 'share your experience' form.

Where we have specific intelligence that indicates potential concerns with a particular population group served by the NHS 111 service, we will use bespoke engagement activities (for example, focus groups) to support us to explore these issues in more depth.

We may ask providers to enable our inspection teams to speak with a random sample of people who have contacted the NHS 111 service in the recent past. This will be through telephone calls. We will not routinely speak to people who have used the NHS 111 service on that day. This is because callers may have urgent health care needs and we feel it would not be appropriate to contact them or ask them to extend their call to speak to our inspectors. Covert approaches to assessing care will only be considered when we have specific concerns about a service.

Where we are also inspecting other services, such as the GP out-of-hours service, we will also seek views from these people about their experience of the 111 service when they were accessing a GP out-of-hours service.

We will continue to improve the ways in which we gather views from people who use services.

Consultation question 2

Our inspections ask five key questions that aim to assure the public on how safe, effective, caring, responsive and well-led services are.

Do you agree that our proposed approach will do this for NHS 111 providers?

Are the KLOEs, prompts, and ratings characteristics in the appendices appropriate for inspecting NHS 111 services?

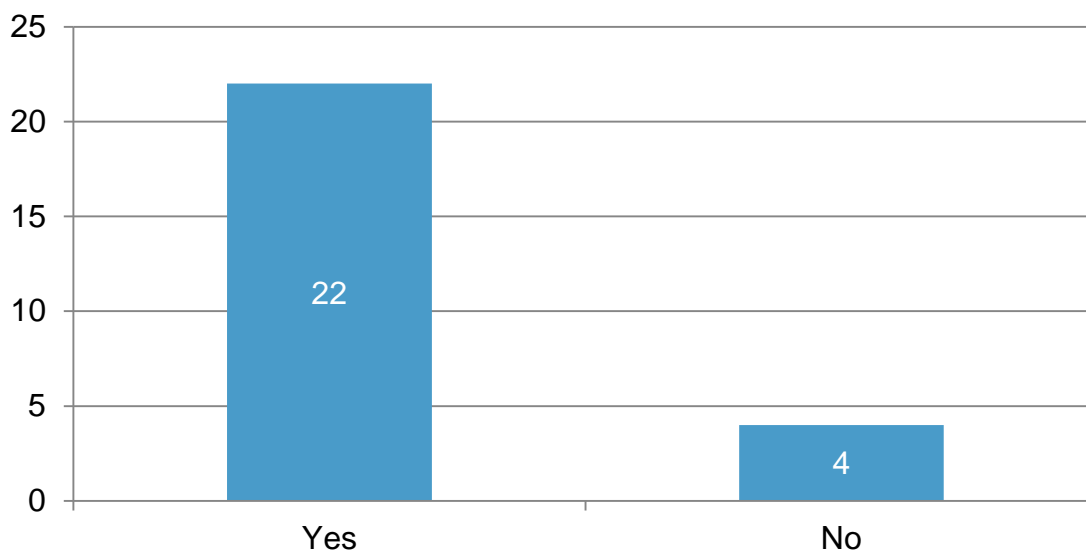
If not, what is missing or needs to change?

What do you consider to be the best ways that we can observe NHS 111 services and gather evidence about the quality of care they provide?

What you said

We received 27 responses to this question. The majority agreed that our approach would assure the public of how safe, effective, caring, responsive and well-led services are. One responder neither agreed, nor disagreed.

Do you agree that our proposed approach will provide assurance to the public in relation to our five key questions?



At the provider consultation event the following suggestions were made:

- Clearly distinguish between 'repeat', 'frequent' and 'out-of-area' callers.
- Separate the questions about ambulance dispatch and re-triage.
- Review safeguarding procedures as part of the inspection process.
- Consider inspecting the effectiveness of local governance.

- Explore delays when calls are passed between health advisors and clinical advisors.
- Inspect the investment made in staff, including training and development.
- Observe call handlers.
- Include an NHS Pathways trainer on inspection teams.

28 responses related to the key lines of enquiry (KLOEs), prompts and ratings characteristics in the appendices. 20 of these agreed that they are appropriate for inspecting NHS 111 services. Seven disagreed, and one queried how services could demonstrate safety over a period of time.

17 responses suggested that the following was missing, or needed to change:

- To measure the effectiveness of this service you must consider the reduction on the foot-fall to A&E.
- There must be recognition of where the commissioned service models differ.
- Some key lines of enquiry and prompts relate to commissioner activity which is outside of the provider's ability to influence.
- Remove 'clinical assessment tools' in relation to 'effectiveness' as only health advisors use these.
- Key lines of enquiry imply that services provide 'treatment' but 111 is a sign-posting service.
- Inspect the use of information systems, for example, adherence to license agreements.
- When inspecting the safety of the service you must take into account the process of telephone triage.
- Consideration must be given to how an outstanding rating could be achieved without face-to-face interaction.
- Consideration must be given to instances where a patient asks for help with, for example, a mental health problem, and there is no service available - then the 111 service will score poorly.
- Consent to care and treatment should be inspected in line with legislation.
- Contingency plans and staff competency should be reviewed.

22 responses commented on the best ways to observe NHS 111 services to gather evidence about the quality of care they provide. The following suggestions were made:

- Gather data from local ambulance trusts.
- Listen to live and recorded calls.
- Consult with the public and stakeholders.
- Track patients through their care pathway.

Our response

The provider handbook clarifies our approach to observing care provided by NHS 111 services.

Our inspection teams will observe care being provided by call handlers and clinical advisors from the call centre: this will enable us to observe how staff speak with people who use the service and enable us to reach our judgements about whether the call handler is kind, respectful, compassionate and provides clear information to people who use the service.

In addition, the inspection team will ask to review a number of recorded phone calls and will review audits that the service has carried out of its own calls.

In some circumstances inspectors will listen to live calls and hear the patient's voice as well. This will only be in some circumstances when it is necessary for us to carry out further inspection and will always be done in accordance with our code of practice on personal and confidential information.

We have incorporated most of the detailed feedback from the consultation responses and the pilot inspections into the revised KLOEs, prompts and rating characteristics. The changes include:

- Revised the prompts relating to repeat and out-of-area callers.
- Revised the way we will question how services adhere to licence agreements and escalate problems with clinical support systems.
- Added wording and made amendments to the prompts around staffing levels, skill mix, and business continuity.
- Added detail to our prompt relating to identification and response to changing risks for people who use services.
- Revised the prompt relating to directory of services to clarify our expectations of NHS 111 services.
- Revised the prompt and rating characteristics relating to arrangements for working with other local providers, including being clearer about how we will consider whether NHS 111 services are able to book appointments with other services, including GP out-of-hours services.
- Revised prompts relating to timely access to care and treatment.

We will always inspect staff training and development, consent to care and treatment, contingency plans, and safeguarding procedures and processes.

Our inspection teams, which will always include NHS 111 experts, are aware of the provider and commissioner responsibilities in this sector.

We will continue to look at different pathways of care to better understand the outcomes they achieve for people. This year, we will follow up inspections we have made of A&E departments, out-of-hours provision and the NHS 111 service by carrying out a review of urgent care pathways.

Consultation question 3

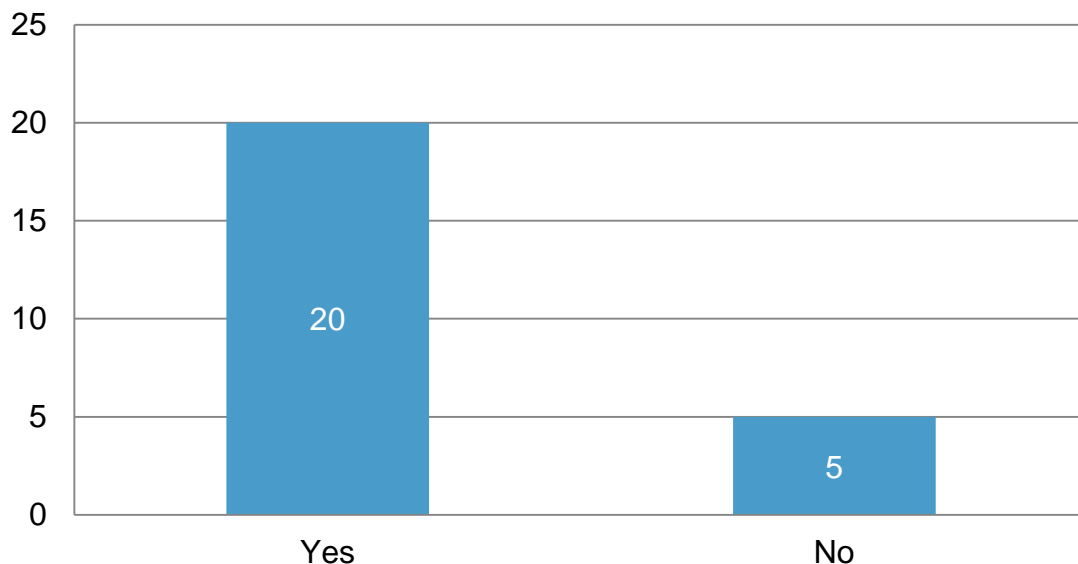
We propose not to rate NHS 111 services for the six population groups and only focus on the five key questions.

Do you agree with this approach?

What you said

We received 28 responses to this question. The majority agreed with our proposed approach.

Do you agree that we should not rate NHS 111 services for the six population groups and only focus on the five key questions?



Three stakeholders commented as follows:

- The assessment should use the five key questions and focus on specific at-risk population groups.
- Use one specific population group as a guide on how easy it is to navigate the service.
- Some reference to age groups and mental capacity would be useful.

Our response

We will not rate NHS 111 services for the care they provide to specific population groups as a call handling service does not have ongoing responsibilities for a population in the same way GP practices do.

However, we will ensure that in our inspection findings and reports, we include the details of where providers are providing good care to particular groups of people (for example, people with mental health needs).

We will check that call handlers and clinicians understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act.

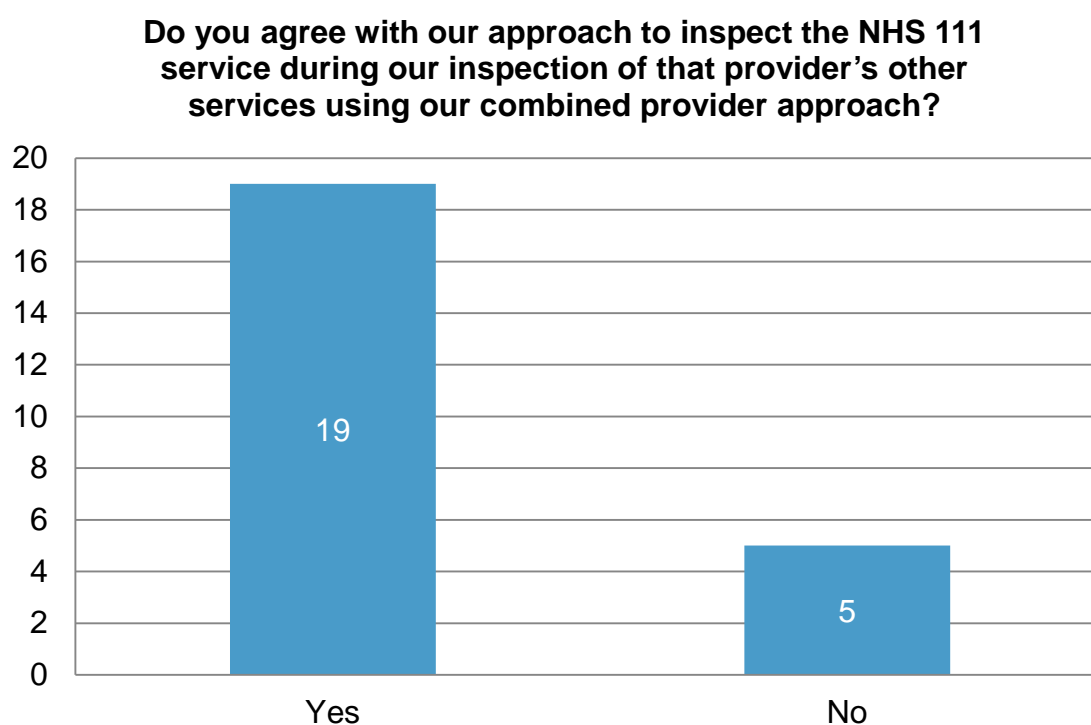
Consultation question 4

Where a provider delivers an NHS 111 service as well as other services, we believe that it is preferable to inspect the NHS 111 service during our inspection of that provider's other services using our combined provider approach.

Do you agree with this approach?

What you said

We received 26 responses to this question. The majority agreed with our proposed approach.



Two stakeholders replied in more detail:

- Services should only be inspected using a combined provider approach if the services are commissioned as an integrated service.
- There is a risk of bias with this approach, since the inspection outcome for one part of the combined service may negatively impact on the other.

Feedback from the provider consultation event included the following suggestions:

- Clarity is needed on the inspection process where sites offer NHS 111 services as well as out-of-hours services.
- Consideration is needed of the assessment of services which take many out-of-area calls.

We asked how we should develop our approach to inspecting combined providers in this sector, and we received the following suggestions and comments:

- NHS 111 services should be inspected and rated separately, and where possible the inspection should take place at the same time as the inspection of other services provided by that provider. The benefits of inspecting at the same time are that inspectors can look at the interaction between the 111 service and the GP out-of-hours service or the ambulance service.
- Ambulance trusts should not be given double the amount of notice of an inspection.
- All services within an organisation should be inspected.

Our response

Inspections of NHS 111 services require a distinct methodology because of the nature of the service which does not include face-to-face care provision. We will use this methodology, which includes the KLOEs and rating characteristics, whenever we inspect a NHS 111 service whether it is provided by an ambulance trust or a GP out-of-hours provider. This means the assessment of the NHS 111 service will always be done using that framework and each inspection will result in a rating for that service at the locations at which it is provided. However, we will continue to have different notice periods of inspections if the provider is an ambulance trust or a GP out-of-hours service: the handbook and assessment framework are published and available for all providers to see, therefore our view is that the difference in notice periods does not benefit NHS 111 services provided by ambulance trusts. We have clarified this approach in our provider handbook.

In the final handbook we have clarified our approach to rating NHS 111 services and made it clear how we will deliver a comparable assessment of the five questions for each type of service, whether it is inspected on its own or as part of a combined provider.

We will report on, and rate, each NHS 111 service. It will be based on inspections of all locations providing NHS 111 services. It is also the most appropriate way to provide ratings and report them in a way that is meaningful to people who use the services.

In addition to providing the rating of the NHS 111 service, where the provider is an ambulance trust, the rating for the NHS 111 service will be included in the existing aggregation of ratings up to the overall trust rating. Full details of how we rate ambulance trusts can be found in our ambulance provider handbook.

We do not currently aggregate the ratings for providers (other than NHS trusts) to form overall provider ratings. When we inspect an NHS 111 service run by a provider that also provides GP out-of-hours services, we will not aggregate these.

Further information

To read the full Quality Health report, please click [here](#).

For details of, and to take part in, other CQC consultations, please visit: www.cqc.org.uk/consultations.

Appendix

Organisations that submitted written responses

National charities

- Mind
- The Patients Association

Professional representatives

- Royal College of Emergency Medicine
- British Medical Association
- Royal College of Physicians of Edinburgh
- Royal College of Nursing Emergency Care Association

Health and social care providers and bodies

- South Western Ambulance Service NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Yorkshire Ambulance Service
- West Midlands Ambulance Service NHS Trust
- NHS 111 (Kent, Medway, Surrey, and Sussex)
- London Ambulance Service NHS Trust
- Care UK

Strategic partners

- NHS England 111 clinical leads

Other groups

- Healthwatch Enfield Public Sector Scorecard Research Centre
- Yorkshire and Humber Commissioning Support on behalf of the Lead Commissioner Greater Huddersfield CCG and associate commissioners